## **2007 FOR PROFIT CORPORATION**

## **FILED ANNUAL REPORT** Jan 25, 2007 08:00 AM DOCUMENT # P03000059839 **Secretary of State** JUST IMAGINE RECORDS, INC. Principal Place of Business Mailing Address 900 US HWY 1 900 US HWY 1 SUITE 102 SUITE 102 LAKE PARK, FL 33403 LAKE PARK, FL 33403 01112007 No Chq-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Numbe 56-2369626 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JAMES, CHRISTOPHER R DO NOT WRITE 900 US HWY 1 SUITE 102 IN THIS SPACE LAKE PARK, FL 33403 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and fille if applicable (NOTE Registered Againt signature required when reinstaling) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees U000000602518 01/26/07-80092-017 150.00 10. OFFICERS AND DIRECTORS TALE JAMES, CHRISTOPHER R STREET ADDRESS 900 US HWY 1, SUITE 102 CITY-SF-7IP LAKE PARK, FL 33403 тиц STREET ADDRESS CITY-ST-ZIP rme STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP