

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000106881

FILED
Feb 08, 2005
Secretary of State

Entity Name: IMAGINATION STATION ACADEMY, INC.

Current Principal Place of Business:

867 N NOBHILL RD.
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

867 N NOBHILL RD.
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 20-0265308

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ESCOBAR, LUIS A
6209 WEST COMMERCIAL BLVD STE 7
TAMARAC, FL 33319 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HECHT, SHERRY
Address: 168 S.W. 159TH WAY
City-St-Zip: SUNRISE, FL 33326

Title: VPSD () Delete
Name: TERRY, DEANA
Address: 8550 N.W. 24TH COURT
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PT (X) Change () Addition
Name: GRATEROL, CLARIMEL
Address: 18951NW 63 COURT CIRCLE
City-St-Zip: HIALEA, FL 33015

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLARIMEL GRATEROL

PT.

02/08/2005

Electronic Signature of Signing Officer or Director

Date