2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000014995

1. Entity Name IMAGINE FURNITURE INC.

FILED Jan 27, 2006 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

854 S. ANDREWS AVE. POMPANO BEACH, FL 33069 854 S. ANDREWS AVE. POMPANO BEACH, FL 33069



DO NOT WRITE IN THIS SPACE

01232006 No Chg-P

CR2E034 (11/05)

4. FEI Number 14-1917077 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

RAYMOND, MARTIN 2209 S. CYPRESS BEND DRIVE 407 POMPANO BEACH, FL 33069

SIGNATURE: _

DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the plans of registered agent.	surpose of changing its registere	d office of r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signature, typed or printed name of registered agent and title it applicable. (NOTE Registered Agent signature required whan reinstating) DATE					
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	Election Campaign Finan- Trust Fund Contribution.		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTÓRS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RAYMOND, MARTIN 2209 S. CYPRESS BEND DRIVE, SU POMPANO BEACH, FL 33069	ITE 407			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000405313 02/07/06-80034-023 150.00
title Name Street address City-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 changed, or on an attactment with an address, with all other like empowered.					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR