## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Apr 28, 2005 8:00 am Secretary of State

DOCUMENT # P04000170129  1. Entity Name MDD IMAGINATION INC						04-28-2005	90217 005 ***150	0.00
Principal Plac 8674 EAGLE BOCA RATON	RUN DRIVE		Asiling Address B674 EAGLE RUN DRIVE BOCA RATON, FL 33434 US		14006496			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005	Chg-P	CR2E034 (10/03)		
City & State		City & State			4. FEI Number		المسابسة	plied For t Applicable
Zip	Country	Zip Court		ntry	5. Certificate o	f Status Desired	\$8.75 Add	litional
	6. Name and Address of Currer	t Registered Agent			7. Name and A	ddress of New R		
				Name			•	•
ROWAN, LINDA L 8674 EAGLE RUN DRIVE BOCA RATON, FL 33434				Street Address (P.O. Box Number is Not Acceptable)				
	,			City			Zip Code	a
The above named entity submits this statement for the purpose of changing its register.							FL :	
	named entity submits this statement ions of registered agent.	for the purpose of changing if	s register	ed office or regist	tered agent, or both	, in the State of Ho	onda. I am femiliar with,	and accept
SIGNATURE	Signature, typed or printed name of registered age	nt and tale if applicable. (NC	OTE: Registere	ed Agent signature requi	red when revisiting)	~~~	DATE	
Fil. After M	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550	9. Election Camp Trust Fund Cor			5.00 May Be dded to Fees			
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIRECTORS	3 IN 11
TITLE NAME	PRES ROWAN, LINDA L MRS	☐ Delete	TITE	1			☐ Change	☐ Addition
STREET ADDRESS	8674 EAGLE RUN DRIVE		NAM STR	EET ADORESS				
CATY-ST-ZEP	BOCA RATON, FL 33434			r-ST-ZIP				
TITLE	VP	☐ Delete	TITL	E			☐ Change	Addition
NAME	ROWAN, GERALD C MR.		NAA	- 1				
STREET ADORESS CITY-ST-ZIP	8674 EAGLE RUN DR BOCA RATON, FL 33434			EET ADORESS /-SI-ZIP				
nne	BOOK ICHION, FE 30434	☐ Delete	nn.				Change	Addition
NAME		LLI DEBE	NAN	1			டுவகழ்	FT Managari
STREET ADDRESS			STR	EET ADDRESS				
CITY-ST-ZIP		****************************	СП	r-ST-ZIP				
TITLE		· Delete	M				☐ Change	Addition
NAME Street Address			AAN ate	EET ADDRESS				
EITY-ST-ZIP			•	r-ST-ZIP				
TITLE		☐ Delete	π	£		•	☐ (Zrença:	☐ Addition
NAME			NAM	AE .			*	
STREET ADDRESS CITY-ST-ZIP			- 1	EET ADORESS (-ST-ZIP				
TITLE		☐ Oelete	TITL				☐ Change	☐ Addition
NAME			NAA	t			☐ cuards	
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP		·		r-st-zip				
12. I hereby of indicated	certify that the information supplied w	ith this filing does not qualify t	or the exe	emption stated in	Section 119.07(3)(i)	Florida Statutes.	I further certify that the in	nformation or director

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 cast, 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 attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OF PROTECT ON CIRCLE

4-25-05 56/483853