

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000036497

Entity Name: INDIGIMEDIA CORP.

FILED
Apr 26, 2006
Secretary of State

Current Principal Place of Business:

656 MAGNOLIA DR
ALTAMONTE SPRINGS, FL 32701

New Principal Place of Business:

Current Mailing Address:

656 MAGNOLIA DR
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STEMBERGER, JOHN P.A.
4853 S. ORANGE AVE
SUITE C
ORLANDO, FL 32806 US

Name and Address of New Registered Agent:

COOLIDGE, TONY
656 MAGNOLIA DRIVE
ALTAMONTE SPRINGS, FL 32701 US

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: TONY COOLIDGE

04/26/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: COOLIDGE, TONY
Address: 656 MAGNOLIA DR
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: ST () Change (X) Addition
Name: ODOR, HOWARD
Address: 33549 LINDA DRIVE
City-St-Zip: LEESBURG, FL 34788

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TONY COOLIDGE

PCEO

04/26/2006

Electronic Signature of Signing Officer or Director

Date