2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # DOSOCOMANA



FILED Jan 16, 2007 8:00 am Secretary of State

1. Entity Name IMAGINE DESIGN STUDIO INC.)1-16-2007 90	0209 047	***150.0	00
Principal Plac	e of Business	Mailing Addr	Mailing Address								
14081 LANGLEY PLACE Davie, FL 33325 US				14081 LANGLEY PLACE Davie, Fl 33325 US							
2. Principal Place of Business - No P.O. Box #			3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				01102007	Chg-P	CR2E0	34 (12/06)		
City & State		City & State				4. FEI Number 84-1675		****	<u> </u>	oplied For of Applicable	
Zip	Zip Country		Zip	Zip Country		itry	5. Certificate of	Status Desired		\$8.75 Add Fee Require	
	6. Name	and Address of Curre	nt Registered Age	nt			7. Name and	Address of New F	Registered A	\gent	
BALASCO, AMY M						Name					
14081 LANGLEY PLACE DAVIE, FL., FL 33325-US					Street Address (P.O. Box Number is Not Acceptable)						
						City			FL	Zip Cod	е
	named entity	submits this statement	t for the purpose of	changing its	register	L ed office or registr	tered agent, or both	, in the State of Flo		amiliar with,	and accept
SIGNATURE.	•										
0.0.0.		2.4.4									
		or printed name of registered age	ent and little if applicable	TO(4)	E Registere	d Agent signature require	red when reinstaling)		DATE		
FIL After M	Signature, types :	FEE IS \$150.00 7 Fee will be \$550	9. Elec 0.00 Trus	иол ction Campai st Fund Cont	ign Finar	ncing \$	5.00 May Be dded to Fees		DATE		
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indicated on this report or supplied with this flung does not quality 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-offrustee 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.

RE AND MPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Daytime Phone #