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Aug 31, 2006 8:00 am
Secretary of State

08-03-2006 90003 018 ***150.00

8/3

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000158207

1. Entity Name
EMAGINE THAT & SOME, INC

66U23703

Principal Place of Business	Mailing Address
4938 WEST COLONIAL DR A ORLANDO, FL 32808	5148 CLARION HAMMOCK DR ORLANDO, FL 32808

2. Principal Place of Business		3. Mailing Address	
4938 West Colonial Dr		5148 Clarion Hammock Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
Orlando Fl		orlando Florida	
City & State		City & State	
Zip 32808	Country	Zip 32808	Country

07112006 Chg-P CR2E034 (11/05)

4. FEI Number P05000158207 20-3901170 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HAY, MYRNA 5148 CLARION HAMMOCK DR ORLANDO, FL 32808	Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Myrna Hay Emagine That — DATE 7-30-06

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAY, MYRNA 5148 CLARION HAMMOCK DR ORLANDO, FL 32808	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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 attachment with an address, with all other like empowered.

SIGNATURE: Myrna Hay — Date 8-28-06 — Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT
660213703
#P05000158207

DATE 7-29-06 NOTE

Myeva Hay, Emerging that
Cuff Clerion Hammad Dr
Orlando Florida 32808

Dear, Sir Madam
I am Writing these few
Line to let the Office
Know that this notice
IS the first one that
I have Received
I am inclosing the amount
Of $1500-00
also the Court-
Because I did not
Received A notice Before
this one-
Your faithfully
Myeva Hay

P05 000158207

20-3901170