

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P06000030984

FILED
Nov 10, 2009
Secretary of State**Entity Name:** IMAGINATION LANDSCAPING SERVICES, INC.**Current Principal Place of Business:**5800 NW 15TH ST
APT #A
FORT LAUDERDALE, FL 33313**New Principal Place of Business:**4911 NW 11 CT
LAUDERHILL, FL 33313**Current Mailing Address:**5800 NW 15TH ST
APT #A
FORT LAUDERDALE, FL 33313**New Mailing Address:**4911 NW 11 CT
LAUDERHILL, FL 33313**FEI Number:** 06-1771394**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**EDMOND, FELICIER
5800 NW 15TH ST
APT #A
FORT LAUDERDALE, FL 33313 US**Name and Address of New Registered Agent:**NODER, THOMAS
4911 NW 11 CT
LAUDERHILL, FL 33313 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: NODER THOMAS

11/10/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: EDMOND, FELICIER
Address: 5800 NW 15TH ST
City-St-Zip: FORT LAUDERDALE, FL 33313

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NODER, THOMAS
Address: 4911 NW 11 CT
City-St-Zip: LAUDERHILL, FL 33313

I hereby certify that the information supplied with this filing does not qualify 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: NODER THOMAS

MGM

11/10/2009

Electronic Signature of Signing Officer or Director

Date