

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000105412

FILED  
Mar 23, 2008  
Secretary of State

Entity Name: IMAGINATION OVERDRIVE, INC.

## Current Principal Place of Business:

20 LAKE VISTA TRAIL  
APT 101  
PORT SAINT LUCIE, FL 34952 US

## New Principal Place of Business:

## Current Mailing Address:

20 LAKE VISTA TRAIL  
APT 101  
PORT SAINT LUCIE, FL 34952 US

## New Mailing Address:

FEI Number: 20-5366138      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KEVORKIAN, EDWARD  
20 LAKE VISTA TRAIL  
APT 101  
PORT SAINT LUCIE, FL 34952 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: KEVORKIAN, EDWARD A  
Address: 20 LAKE VISTA TRAIL, APT 101  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: STD ( ) Delete  
Name: KEVORKIAN, EDWARD  
Address: 20 LAKE VISTA TRAIL, APT 101  
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: KEVORKIAN, EDWARD A  
Address: 569 SW LUCERO DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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

Title: VPD ( ) Change (X) Addition  
Name: KEVORKIAN, CARINA O  
Address: 569 SW LUCERO DRIVE  
City-St-Zip: PORT SAINT LUCIE, FL 34983 US

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: EDWARD KEVORKIAN

STD

03/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date