2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2009
Secretary of State

DOCUMENT# P06000105412

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:

569 SW LUCERO DRIVE
PORT SAINT LUCIE, FL 34983 US

Current Mailing Address:

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

New Mailing Address:

569 SW LUCERO DRIVE
PORT SAINT LUCIE, FL 34983 US

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:

KEVORKIAN, EDWARD A
569 SW LUCERO DRIVE
PORT SAINT LUCIE, FL 34983 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: EDWARD A KEVORKIAN 04/22/2009
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: STD (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:

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 A KEVORKIAN PD 04/22/2009
Electronic Signature of Signing Officer or Director Date