

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000105412

**FILED**  
**Apr 24, 2011**  
**Secretary of State**

**Entity Name:** IMAGINATION OVERDRIVE, INC.

**Current Principal Place of Business:**

569 SW LUCERO DRIVE  
PORT SAINT LUCIE, FL 34983 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 7181  
PORT SAINT LUCIE, FL 34985 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 A  
569 SW LUCERO DRIVE  
PORT SAINT LUCIE, FL 34983 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

**OFFICERS AND DIRECTORS:**

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

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

I hereby 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 all other like empowered.

SIGNATURE: EDWARD KEVORKIAN

PD

04/24/2011

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

\_\_\_\_\_  
Date