

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000056357

FILED
Jan 16, 2008
Secretary of State

Entity Name: IMAGINATION BUSINESS SOLUTION, CORP

Current Principal Place of Business:

1930 ANDROMEDA LANE
WESTON, FL 33327

New Principal Place of Business:

Current Mailing Address:

1930 ANDROMEDA LANE
WESTON, FL 33327

New Mailing Address:

FEI Number: 26-0154013

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TAX HOUSE CORPORATION
1261 E SAMPLE RD
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

TAX HOUSE CORPORATION
1100 S FEDERAL HWY
2ND FLOOR
DEERFIELD BEACH, FL 33441 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: BRENO GOMES

01/16/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: CABRAL, MARIA L
Address: 1930 ANDROMEDA LANE
City-St-Zip: WESTON, FL 33327

Title: DV (X) Delete
Name: ALONSO, LUZIA
Address: 1930 ANDROMEDA LANE
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: MARIA L CABRAL

DP

01/16/2008

Electronic Signature of Signing Officer or Director

Date