

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000040509

FILED  
Apr 10, 2012  
Secretary of State

**Entity Name:** IMAGINE INTERNATIONAL CORPORATION

**Current Principal Place of Business:**

301 WEST PLATT STREET  
SUITE 207  
TAMPA, FL 33606

**New Principal Place of Business:**

**Current Mailing Address:**

301 WEST PLATT STREET  
SUITE 207  
TAMPA, FL 33606

**New Mailing Address:**

**FEI Number:** 27-0172270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARTIN, DOUGLAS F  
301 WEST PLATT STREET  
SUITE 207  
TAMPA, FL 33606 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: D  
Name: WALKER, KIMLYN  
Address: 301 WEST PLATT STREET, SUITE 207  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: MARTIN, DAVID  
Address: 301 WEST PLATT STREET, SUITE 207  
City-St-Zip: TAMPA, FL 33606

Title: D  
Name: CROSKEY, JEFF  
Address: 301 WEST PLATT STREET, SUITE 207  
City-St-Zip: TAMPA, FL 33606

Title: CEO  
Name: WALLER, EDWARD A  
Address: 301 WEST PLATT STREET, SUITE 207  
City-St-Zip: TAMPA, FL 33606

Title: CFO  
Name: MARTIN, DOUGLAS F  
Address: 301 WEST PLATT STREET, SUITE 207  
City-St-Zip: TAMPA, FL 33606

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: DOUGLAS F MARTIN

CFO

04/10/2012

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

\_\_\_\_\_  
Date