


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2005 08:00 AM
Secretary of State

| | |
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| DOCUMENT # P92000003827 1. Entity Name IMAGINATIONS, INC. |  |
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| Principal Place of Business 6265 DOWDY CT. ORLANDO, FL 32819 | Mailing Address 6265 DOWDY CT. ORLANDO, FL 32819 |
|--|--|

DO NOT WRITE IN THIS SPACE



01072005 No Chg-P CR2E034 (10/03)

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|-----------------------------|--|
| 4. FEI Number 59-3151304 | Applied For <input type="checkbox"/> Not Applicable |
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|---|--------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|--------------------------------|

6. Name and Address of Current Registered Agent

UNDERWOOD, ROBERT L
537 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

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| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | DATE _____ |
|--|------------|

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD POMA, ANTHONY 6265 DOWDY CT. ORLANDO, FL 32819 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD POMA, SHERRY 6265 DOWDY CT. ORLANDO, FL 32819 |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

100000186905
01/21/05-80075-025 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11, if changed, or on an attachment with an address, with all other like empowered.

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|---|---|
| SIGNATURE:  Anthony Poma <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | Date 1-17-05 <small>Daytime Phone #</small> |
|---|---|

407-251-8220