2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
May 29, 2007
Secretary of State

DOCUMENT# P92000003827

Entity Name: IMAGINATIONS, INC.

Current Principal Place of Business:

6265 DOWDY CT.
ORLANDO, FL 32819

New Principal Place of Business:

8327 VINTAGE DRIVE
ORLANDO, FL 32835

Current Mailing Address:

6265 DOWDY CT.
ORLANDO, FL 32819

New Mailing Address:

8327 VINTAGE DRIVE
ORLANDO, FL 32835

FEI Number: 59-3151304 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

COPELAND, KAREN R
260 PLAZA DRIVE
OVIEDO, FL, FL 32765 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: KAREN R COPELAND 05/29/2007
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: POMA, ANTHONY
Address: 6265 DOWDY CT.
City-St-Zip: ORLANDO, FL 32819

Title: SD ( ) Delete
Name: POMA, SHERRY
Address: 6265 DOWDY CT.
City-St-Zip: ORLANDO, FL 32819

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: POMA, ANTHONY
Address: 8327 VINTAGE DRIVE
City-St-Zip: ORLANDO, FL 32835

Title: SD (X) Change ( ) Addition
Name: POMA, SHERRY
Address: 8327 VINTAGE DRIVE
City-St-Zip: ORLANDO, FL 32835

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: ANTHONY POMA PRES 05/29/2007
Electronic Signature of Signing Officer or Director Date