2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008 8:00 am
Secretary of State
03-31-2008 90026 050 ***150.00

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DOCUMENT # P93000068165

1. Entity Name
IMAGINATION STATION CENTER, INC.

Principal Place of Business	Mailing Address
9850 NE SR 24 BRONSON, FL 32621	P O BOX 1613 BRONSON, FL 32621

03032008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3212718 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
RYDECKI, GRACE N W SR 24, NEXT TO BRONSON SPEEDWAY BRONSON, FL 32696	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature of new registered agent, if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE :S $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS RYDECKI, GRACE N PO BOX 1495 N/A BRONSON, FL	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RODOBINSI, AMANDA PO BOX 1811 BRONSON, FL 32621	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/T Rodobinski, Amanda Po Box 1811 Bronson FL 32621 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WOODLEY, CHRYSTAL 539 HURST ST BRONSON, FL 32621	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS/S Woodley, Chrystal 539 Hurst St Bronson, FL 32621 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

SIGNATURE: Amanda Rodobinski _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR