
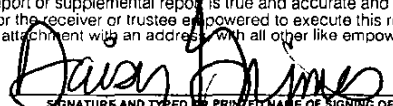


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90038 027 ***150.00

DOCUMENT # P94000002500 1. Entity Name IMANI SERVICES, INCORPORATED					
Principal Place of Business 629 1/2 INTERNATIONAL SPEEDWAY BLVD DAYTONA BEACH, FL 32114			Mailing Address P.O. BOX 2712 DAYTONA BEACH, FL 32115		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 59-3226257	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, DAISY 130 OLD MILL RUN ORMOND BEACH, FL 32174				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD TAYLOR, DAISY P.O. BOX 2712 DAYTONA BEACH, FL 32115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TAYLOR, TAMALA P.O. BOX 2712 DAYTONA BEACH, FL 32115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAYLOR, TIFFANY P.O. BOX 2712 DAYTONA BEACH, FL 32115	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CURRY, DENNIS JR 235 NW 6TH AVE DANIA, FL 33004	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 9/6/06 Daytime Phone #					

ATTACHMENT 40103074

~~# 994000002500~~

IMANI SERVICES, INCORPORATED

629 International Speedway Blvd.
Daytona Beach, Florida 32114

September 1, 2006

Division of Corporation
P.O. Box 1500
Tallahassee, Florida 32302-1500

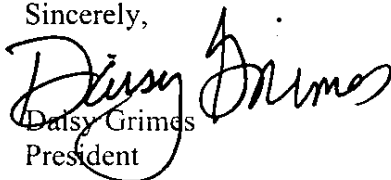
Dear Sir/Madam:

Due to the move of our business and the start up of a new business venture and our hectic schedule that accompany such a task, we unfortunately overlooked filing our 2006 Annual Report.

We are therefore requesting the additional fees of \$400 be waived.

Should you have any questions, I may be reached at (386) 257-3322.

Sincerely,


Daisy Grimes
President