

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 043 ***150.00

DOCUMENT # P94000048754 1. Entity Name PASADENA AT IMAGINATION FARMS, INC.			
Principal Place of Business 1000 N HIATUS ROAD STE #100 PEMBROKE PINES, FL 33026 US		Mailing Address 1000 N HIATUS ROAD STE #100 PEMBROKE PINES, FL 33026 US	
2. Principal Place of Business 400 N. PINE ISLAND RD Suite, Apt. #, etc. 300		3. Mailing Address 400 N. PINE ISLAND RD Suite, Apt. #, etc. 300	
City & State PLANTATION, FL		City & State PLANTATION, FL	
Zip 33324 Country U.S.A		Zip 33324 Country U.S.A	
4. FEI Number 65-0507298		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERGER, ADOLPH J 1000 N HIATUS ROAD STE #100 PEMBROKE PINES, FL 33026		7. Name and Address of New Registered Agent Name BERGER, ADOLPH J Street Address (P.O. Box Number is Not Acceptable) 400 N. PINE ISLAND RD SUITE 300 City PLANTATION FL Zip Code 33324	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		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	P MILLER, LEONARD 1000 N. HIATUS ROAD PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MILLER, LEONARD 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGER, ADOLPH J 1000 N. HIATUS ROAD PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BERGER, ADOLPH J 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ROBERT B 1000 NORTH HIATUS ROAD PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILLER, ROBERT B 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTT, LAWRENCE 1000 N. HIATUS ROAD PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTT, LAWRENCE 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTT, CORINNE 1000 N. HIATUS ROAD PEMBROKE PINES, FL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COTT, CORINNE 400 N. PINE ISLAND RD SUITE 300 PLANTATION, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:		4/26/06 924-431-6100	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CORINNE M. COTT VICE PRESIDENT