

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P95000091395

**FILED
Jan 19, 2006
Secretary of State****Entity Name:** IMAGINE SERVICE GROUP, INC.**Current Principal Place of Business:**1211 12TH STREET
ST CLOUD, FL 34769 US**New Principal Place of Business:****Current Mailing Address:**710 AVOCADO ST
ST CLOUD, FL 34769 US**New Mailing Address:**

FEI Number: 59-3344789 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:LEFLER, STEVEN L.
710 AVACADO ST
ST CLOUD, FL 34769 US**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: LEFLER, STEVEN L
Address: 710 AVACADO ST
City-St-Zip: ST CLOUD, FL 34769

Title: V () Delete
Name: LEFLER, STEVEN L
Address: 710 AVACADO ST
City-St-Zip: ST CLOUD, FL 34769

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: V (X) Change () Addition
Name: BOWLEN, MICHAEL W II
Address: 710 AVACADO ST
City-St-Zip: ST CLOUD, FL 34769

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: STEVEN L LEFLER

P

01/19/2006

Electronic Signature of Signing Officer or Director

Date