


2005 FOR PROFIT CORPORATION ANNUAL REPORT

07-08-2005 90021 050 ***158.75
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DOCUMENT # P96000032058			
1. Entity Name IMAGINATION MEDICAL, INC.			
Principal Place of Business IMAGINATION MEDICAL 12855 PHILLIPS HWY JACKSONVILLE, FL 32256 US		Mailing Address IMAGINATION MEDICAL 12855 PHILLIPS HWY JACKSONVILLE, FL 32256 US	
2. Principal Place of Business 8383 BAYCENTER ROAD		3. Mailing Address 24315 MOSS CREEK LN.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State JACKSONVILLE, FL.		City & State PONTE VEDRA BEACH, FL.	
Zip 32256	Country U.S.A.	Zip 32082-2142	Country U.S.A.
4. FEI Number 59-3375951		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent MAXWELL, RONALD W 4800 BEACH BLVD STE 5 JACKSONVILLE, FL 32207-4865		7. Name and Address of New Registered Agent MAXWELL, RONALD W. 1812 UNIVERSITY BLVD., SOUTH JACKSONVILLE FL 32216	
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 _____ <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when recertifying.)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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	D BURDETTE, GARY R 24315 MOSS CREEK LANE PONTE VEDRA BEACH, FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CALVIN, ROBERT P 5431 OTTERS RUN LANE JACKSONVILLE, FL 32258 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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 exemption stated in Section 119.07(3)(i), 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: GARY BURDETTE		06 JULY 2005 9047303301	

FILED

05 JUL 26 AM 10:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
50055195



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**CHANGE OF
ADDRESS:**

[Handwritten signature]
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