2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09. 2006 08:00 AN

| | rep 09, 2000 00:00 F |
|--|--|
| DOCUMENT # P96000101853 1. Entity Name IMAGINE SPORTSWEAR, INC. | Secretary of State |
| Principal Place of Business Mailing Address 1865 CORDOVA ROAD 1865 CORDOVA ROAD FORT LAUDERDALE, FL 33316 FORT LAUDERDALE, FL 33316 | |
| DO NOT WRITE IN THIS SPACE | 01252006 No Chg-P CR2E034 (11/05) 4. FEI Number |
| 6. Name and Address of Current Registered Agent BIRER, DOUGLAS K 1865 CORDOVA ROAD FORT LAUDERDALE, FL 33316 | DO NOT WRITE IN THIS SPACE |
| 8. The above named entity submits this statement for the purpose of changing its registered office or register the obligations of registered agent. SIGNATURE Signature typed or printed name of registered agent and title it applicable (NOTE Registered Agent signature require Place of the Propose of changing its registered office or registered agent and title it applicable (NOTE Registered Agent signature require Place of the Propose of changing its registered office or registered agent and title it applicable (NOTE Registered Agent signature require Place of the Propose of changing its registered office or registered agent and title it applicable (NOTE Registered Agent signature require Place of the Propose of Changing its registered office or registered agent and title it applicable (NOTE Registered Agent signature require Place of the Place of | |
| 10. OFFICERS AND DIRECTORS TITLE NAME BIRER, DOUGLAS K STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 TITLE NAME STREET ADDRESS CITY-ST-ZIP HILL NAME STREET ADDRESS CITY-ST-ZIP HILL NAME STREET ADDRESS CITY-ST-ZIP HILL NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | d i Chapter 110 Florido Octobro Liferiber co M. 2011 |
| 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions containe indicated on this report or supplemental report is true and accurate and that my signature shall have the of the corporation or the receiver or trustee empowered to day true this report as required by Chapter 60 changed, or on an attachment with an address, with all order like empowered. SIGNATURE: SIGNATURE AND TAPED OR MINTED TABLE OF SIGNING OFFICER OR DIRECTOR. | id in Chapter 119, Florida Statutes. I further certify that the information is same legal effect as if made under oath, that I am an officer or director P7, Florida Statutes, and that my name appears in Block 10 or Block 11 if |

Douglas K. Birda