

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000078581

FILED
Apr 13, 2005
Secretary of State

Entity Name: IMAGINIS CORPORATION

Current Principal Place of Business:

8934 SW 129 TERRACE
MIAMI, FL 33176

New Principal Place of Business:

Current Mailing Address:

PO BOX 560386
MIAMI, FL 33256

New Mailing Address:

FEI Number: 65-0780386

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THOMSON, JOHN
370 MINORCA AVENUE
SUITE ONE
CORAL GABLES, FL 33134 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: MOLLOY, JOHN H
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VTD () Delete
Name: KATHE, GUY M
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: MOLLOY, JOHN H
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

Title: VSD (X) Change () Addition
Name: KATHE, GUY M
Address: 8934 SW 129 TERRACE
City-St-Zip: MIAMI, FL 33176

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JOHN H. MOLLOY

D

04/13/2005

Electronic Signature of Signing Officer or Director

Date