2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000105151

Entity Name: IMPERIAL ENTERPRISES BY GILBERT, INC.

FILED Apr 26, 2007 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
Current Finicipal Flace of Dusiness.	New Fillicipal Flace of Dusiliess.

1150 CR 442 3112 HALEY POINT RD.

LAKE PANASOFFKEE, FL 33538 SAINT AUGUSTINE, FL 32084

Current Mailing Address: New Mailing Address:

P O BX 328 3112 HALEY POINT RD.

LAKE PANASOFFKEE, FL 33538 SAINT AUGUSTINE, FL 32084

FEI Number: 59-3483038 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

GILBERT, LYNN HAROLD GILBERT, LYNN HAROLD 1150 CR 442 GILBERT, LYNN HAROLD 3112 HALEY POINT RD.

LK PANASOFFKEE, FL 33538 US SAINT AUGUSTINE, FL 32084 US

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: LYNN HAROLD GILBERT 04/26/2007

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: P (X) Change () Addition

 Name:
 GILBERT, LYNN H
 Name:
 GILBERT, LYNN H

 Address:
 1150 CR 442
 Address:
 3112 HALEY POINT RD.

 City-St-Zip:
 LK PANASOFFKEE, FL 33538
 City-St-Zip:
 SAINT AUGUSTINE, FL 32084

Title: D () Delete Title: V (X) Change () Addition

 Name:
 GILBERT, CAROL B
 Name:
 GILBERT, CAROL B

 Address:
 1150 CR 442
 Address:
 3112 HALEY POINT RD.

 City-St-Zip:
 LK PANASOFFKEE, FL 33538
 City-St-Zip:
 SAINT AUGUSTINE, FL 32084

Title: D (X) Delete Title: () Change () Addition

 Name:
 HUNT JR, RONALD
 Name:

 Address:
 1150 CR 442
 Address:

 City-St-Zip:
 LK PANASOFFKEE, FL 33538
 City-St-Zip:

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: CAROL B. GILBERT V 04/26/2007