

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000037027

FILED
Feb 24, 2006
Secretary of State

Entity Name: IMAGINATION AND INFORMATICS U.S.A., INC.

Current Principal Place of Business:

8 TRANSYLVANIA AVE.
KEY LARGO, FL 33037 US

New Principal Place of Business:

Current Mailing Address:

8 TRANSYLVANIA AVE.
KEY LARGO, FL 33037 US

New Mailing Address:

FEI Number: 65-0837924 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTILLO, GUILLERMO
8 TRANSYLVANIA AVE.
KEY LARGO, FL 33037 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: D () Delete
Name: MOSQUERA, TONNY
Address: 8 TRANSYLVANIA AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: ARANGO DE CHABUR, CARMENZA
Address: 8 TRANSYLVANIA AVE.
City-St-Zip: KEY LARGO, FL 33037

Title: D () Delete
Name: LLAURADO, ISABEL
Address: 301 174 STREET, #1220
City-St-Zip: MIAMI, FL 33160

Title: D () Delete
Name: CASTILLO, GUILLERMO
Address: 8 TRANSYLVANIA AVENUE
City-St-Zip: KEY LARGO, FL 33037

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: GUILLERMO CASTILLO

D

02/24/2006

Electronic Signature of Signing Officer or Director

_____ Date