2004 FOR PROFIT CORPORATION

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZiP

Apr 26, 2004 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # P98000083935 1. Entity Name 04-26-2004 90496 049 ***150.00 IMPERIAL ENTERPRISES, INC. Principal Place of Business Mailing Address 695 PEPPERS FERRY RD 695 PEPPERS FERRY RD CHRISTIANSBURG, VA 24073 CHRISTIANSBURG, VA 24073 04122004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0870775 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NAGY, GREGORY S DO NOT WRITE 3100 SPRINODALE EIGI-LAKE WORTH, FL 33461 IN THIS SPACE 1125 Hillsboro Mile Pompano Beach, FLA, 33062 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. A name of differed agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PVST** TITLE NAGY, GREGORY 1725 Hillsboro Mile NAME 3100 SPRINGDALE EIGI POMPANO STREET ADDRESS BEACH, FLA. LAKE WORTH, FL 33461 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE

FILED

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.

oranged, or or an accomment that an account mit on portored.			
SIGNATURE: Suns May	Gregory S Nagy	4-14-04	
SICH TURE AND TYPE O	PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #