


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 16, 2007 8:00 am**  
**Secretary of State**

01-16-2007 90216 048 \*\*\*158.75

**60001523**



<b>DOCUMENT # 838478</b>					
1. Entity Name <b>IMTRA CORPORATION</b>					
Principal Place of Business <b>30 SAMUEL BARNET BLVD NEW BEDFORD, MA 02745</b>			Mailing Address <b>30 SAMUEL BARNET BLVD NEW BEDFORD, MA 02745</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>04-2137249</b>	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>DICKSON, ED 700 WAVECREST AVE INDIALANTIC, FL 32903</b>			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			<b>FL</b>		Zip Code
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.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$350.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FARNHAM, WILLIAM H., JR.</b>		NAME		
STREET ADDRESS	<b>15 WEST RIVER ROAD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MARION, MA</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BRAITMAYER, ERIC A</b>		NAME	<b>2 LEeward WAY</b>	
STREET ADDRESS	<b>311 CONVERSE RD</b>		STREET ADDRESS	<b>FAIRHAVEN, MA</b>	
CITY-ST-ZIP	<b>MARION, MA</b>		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROGERSON, WILLIAM G.</b>		NAME		
STREET ADDRESS	<b>33 PIER 7</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>CHARLESTOWN, MA 02129</b>		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>ROGERSON, EDWARD S</b>		NAME		
STREET ADDRESS	<b>231 RANDOLPH AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MILTON, MA</b>		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>BISHOP, FRANCIS N</b>		NAME		
STREET ADDRESS	<b>163 MATHEWSON RD</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BARRINGTON, RI</b>		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	<b>FARNHAM, CHARLES I</b>		NAME		
STREET ADDRESS	<b>118 ALFRED DROWNE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>BARRINGTON, RI</b>		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
SIGNATURE: <i>Edward S. Rogerson</i> <b>EDWARD S. ROGERSON, CFO</b>			Date: <b>1/4/07</b> Daytime Phone #: <b>508-995-7000</b>		