

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 09, 2006
Secretary of State**

DOCUMENT# N04000011330

Entity Name: IMPACT MENTORING SERVICES, INC.

Current Principal Place of Business:

4304 WOODSTOCK DR APT D
WEST PALM BEACH, FL 33409

New Principal Place of Business:

Current Mailing Address:

4304 WOODSTOCK DR APT D
WEST PALM BEACH, FL 33409

New Mailing Address:

FEI Number: 20-2099046 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOLAN, TIM
4304 WOODSTOCK DR APT D
WEST PALM BEACH, FL 33409 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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NELSON, BRET
Address: 3232 MERDIAN WAY UNIT D
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: D () Delete
Name: BIRD, PAULETTE
Address: 3378 FOREST HILL BLVD
City-St-Zip: WEST PALM BEACH, FL 33406 US

Title: D () Delete
Name: ORTIZ, CLEOPATRA
Address: 2001 WEST BLUE HERON BLVD
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: D () Delete
Name: NOLAN, JOHN
Address: 301 BROADWAY
City-St-Zip: RIVIERA BEACH, FL 33404 US

Title: D () Delete
Name: BEVIN, BEAUDET
Address: 715 ST. ALBANS DRIVE
City-St-Zip: BOCA RATON, FL 33431 US

Title: D () Delete
Name: TIM, NOLAN
Address: 4304 WOODSTOCK DRIVE APT D
City-St-Zip: WEST PALM BEACH, FL 33409 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: NOLAN, JOHN
Address: 813 SW 6TH AVE
City-St-Zip: BOYNTON BEACH, FL 33426 US

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIM NOLAN

D

04/09/2006

Electronic Signature of Signing Officer or Director

Date