


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90084 020 ***150.00

DOCUMENT # P04000082254

1. Entity Name
 HI-IMPACT DESIGNS, INC.



Principal Place of Business
 709 CONCORDIA *Concordia*
 PENSACOLA, FL 32505

Mailing Address
 709 CONCORDIA *concordia*
 PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE



02132006 No Chg-P CR2E034 (11/05)

4. FEI Number
 20-1120610

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CARLSON, DONALD S
 709 CONCORDIA *Concordia*
 PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	CARLSON, DONALD S
STREET ADDRESS	709 CONCORDIA
CITY-ST-ZIP	PENSACOLA, FL 32505
TITLE	VPD
NAME	CARLSON, BRANDON.
STREET ADDRESS	815 TARA CIRCLE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	STD
NAME	CARLSON, TREVA D
STREET ADDRESS	815 TARA CIRCLE
CITY-ST-ZIP	CANTONMENT, FL 32533
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: *Treva D Carlson* **2/14/06** **850-432-6149**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #