

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000082254

Entity Name: HI-IMPACT DESIGNS, INC.

FILED  
Jan 16, 2007  
Secretary of State

## Current Principal Place of Business:

709 CONCORDIA  
PENSACOLA, FL 32505

## New Principal Place of Business:

709 CONCORDIA BLVD.  
PENSACOLA, FL 32505

## Current Mailing Address:

709 CONCORDIA  
PENSACOLA, FL 32505

## New Mailing Address:

709 CONCORDIA BLVD.  
PENSACOLA, FL 32505

FEI Number: 20-1120610

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CARLSON, DONALD S  
709 CONCORDIA  
PENSACOLA, FL 32505 US

## Name and Address of New Registered Agent:

CARLSON, DONALD S  
709 CONCORDIA BLVD.  
PENSACOLA, FL 32505 US

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: DONALD S. CARLSON

01/16/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: CARLSON, DONALD S  
Address: 709 CONCORDIA  
City-St-Zip: PENSACOLA, FL 32505

Title: VPD ( ) Delete  
Name: CARLSON, BRANDON  
Address: 815 TARA CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

Title: STD ( ) Delete  
Name: CARLSON, TREVA D  
Address: 815 TARA CIRCLE  
City-St-Zip: CANTONMENT, FL 32533

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: CARLSON, DONALD S  
Address: 709 CONCORDIA BLVD.  
City-St-Zip: PENSACOLA, FL 32505

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: TREVA DENISE CARLSON

STD

01/16/2007

Electronic Signature of Signing Officer or Director

Date