


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P04000082254

1. Entity Name
 HI-IMPACT DESIGNS, INC.



Principal Place of Business
 709 CONCORDIA BLVD.
 PENSACOLA, FL 32505

Mailing Address
 709 CONCORDIA BLVD.
 PENSACOLA, FL 32505

DO NOT WRITE IN THIS SPACE



01282008 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 BLVD.
 PENSACOLA, FL 32505

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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 re-registering) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARLSON, DONALD S 709 CONCORDIA BLVD. PENSACOLA, FL 32505
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CARLSON, BRANDON 815 TARA CIRCLE CANTONMENT, FL 32533
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CARLSON, TREVA D 815 TARA CIRCLE CANTONMENT, FL 32533
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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 1/28/08 850-432-6149

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