2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 658679

Entity Name: LASTING IMPRESSIONS, INC.

FILED Apr 29, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4815 GAMLING PKWY 4815 GAMLING LN P.O. BOX 22065 BOX 22065

ORLANDO, FL 32830 US ORLANDO, FL 32830 US

Current Mailing Address: New Mailing Address:

PO BOX 22065

LAKE BUENA VISTA, FL 32830 US

FEI Number: 59-1989931 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANDELBLIT, BRUCE
4815 GAMBLING LANE
4815 GAMLING LN
BOX 22065

MANDELBLIT, BRUCE
4815 GAMLING LN
BOX 22065

ORLANDO, FL 328302065 US ORLANDO, FL 328302065 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: 04/29/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD () Delete Title: TD (X) Change () Addition

 Name:
 MANDELBLIT, BRUCE
 Name:
 MANDELBLIT, BRUCE

 Address:
 4815 GAMBLING LANE
 Address:
 4815 GAMLING LN

 City-St-Zip:
 ORLANDO, FL 328302065
 City-St-Zip:
 ORLANDO, FL 328302065

Title: SD () Delete Title: SD (X) Change () Addition Name: MANDELBLIT, JEANETTE Name: MANDELBLIT, JEANETTE

 Address:
 4815 GAMBLING LANE
 Address:
 4815 GAMLING LN

 City-St-Zip:
 ORLANDO, FL 328302065
 City-St-Zip:
 ORLANDO, FL 328302065

Title: VD () Delete Title: VD (X) Change () Addition

 Name:
 MANDELBLIT, ALAN
 Name:
 MANDELBLIT, ALAN

 Address:
 4815 GAMBLING LANE
 Address:
 4815 GAMLING LN

 City-St-Zip:
 ORLANDO, FL 328302065
 City-St-Zip:
 ORLANDO, FL 328302065

I hereby certify that the information supplied with this filing does not qualify 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: B. MANDELBLIT, TREAS. TREA 04/29/2009