

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 853218

FILED
Jan 05, 2005
Secretary of State

Entity Name: IMPACT INTERNATIONAL, INC.

Current Principal Place of Business:

400 S. DIXIE HWY.
SUITE #122
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 160
BOCA RATON, FL 33429 US

New Mailing Address:

FEI Number: 59-1496247

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOODMAN, BRUCE
400 S. DIXIE HWY., SUITE 122
BOCA RATON, FL 334323023 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: PD () Delete
Name: WOODMAN, BRUCE REV.
Address: 2034 SW 7TH CT.
City-St-Zip: BOCA RATON, FL 33486

Title: VD () Delete
Name: RUSSELL, HARVEY REV.
Address: 310 CLARK DR., RT. 5
City-St-Zip: SHOREWOOD, IL 60431

Title: TS () Delete
Name: FLORENCE, DAVID MR.
Address: P.O. BOX 1294
City-St-Zip: BOCA RATON, FL 33429

Title: D () Delete
Name: SORENSON, EVERETT MR.
Address: 4334 E. TRADEWINDS AVE.
City-St-Zip: LAUDERDALE BY THE SEA, FL 33308

Title: D () Delete
Name: BOTOS, MICHAEL MR.
Address: 29 COUNTRY ROAD
City-St-Zip: VILLAGE OF GOLF, FL 33436

Title: D () Delete
Name: RUTHS, DAVID MR.
Address: 8110 LAKE PROVIDENCE DRIVE
City-St-Zip: WEDDINGTON, NC 28104

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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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 Section 119.07(3)(i), 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: BRUCE WOODMAN

PD

01/05/2005

Electronic Signature of Signing Officer or Director

Date