


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**

01-19-2006 90084 043 \*\*\*108.75  
07-18-2006 01049 001 \*\*\*50.00

<b>DOCUMENT # F01000002990</b> 1. Entity Name IMPAX STRATEGIC MARKETING & SELLING, INC.	
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Principal Place of Business 61 WILTON ROAD WESTPORT, CT 06880	Mailing Address 61 WILTON ROAD WESTPORT, CT 06880
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40003551



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1129491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  SPARBER, DOROTHY 101 SOUTH GULFSTREAM UNIT 10A SARASOTA, FL 34326
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**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**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 NAME STREET ADDRESS CITY-ST-ZIP	PCTD MATLOW, DAVID S 1 TURKEY HILL ROAD SOUTH WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SHONKA, MARK 1 TURKEY HILL ROAD SOUTH WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSCH, DANIEL 1 TURKEY HILL ROAD SOUTH WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STRACZEK, JOHANNA 48 RAILROAD PLACE WESTPORT, CT
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKANE, DAVID B 274 RIVERSIDE AVENUE WESTPORT, CT
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: Johanna Straczek  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 11 2006 203 227 5671  
Date Daytime Phone #

JOHANNA STRACZEK, SECRETARY