


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90251 021 \*\*\*150.00

DOCUMENT # F05000002189					
1. Entity Name IMPULSE MONITORING, INC.					
Principal Place of Business 10420 LITTLE PATUXENT PARKWAY SUITE 250 COLUMBIA, MD 21044		Mailing Address 10420 LITTLE PATUXENT PARKWAY SUITE 250 COLUMBIA, MD 21044			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04292008 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 13-4227696	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE, SUITE 4 WESTON, FL 33331			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCDS- <input checked="" type="checkbox"/>	<input type="checkbox"/> Delete	TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLEY, ROGER		NAME	MARK D'Addato	
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, SUITE 250		STREET ADDRESS	10420 Little Patuxent Pky # 250	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
TITLE	D	<input type="checkbox"/> Delete	TITLE	CEO/Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONLEY, THOMAS DR.		NAME	Eugene SantaCatharina	
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, SUITE 250		STREET ADDRESS	10420 Little Patuxent Pky # 250	
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP	Columbia, MD 21044	
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREGORY, JANINE		NAME		
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUONO, TIMOTHY		NAME		
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON III, LEWIS		NAME		
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, JOSEPH T		NAME		
STREET ADDRESS	10420 LITTLE PATUXENT PARKWAY, SUITE 250		STREET ADDRESS		
CITY-ST-ZIP	COLUMBIA, MD 21044		CITY-ST-ZIP		
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: <u>J. L. Gregory</u>			Date: <u>4/29/08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		