## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F07000001575

Entity Name: IMPACT CONFECTIONS, INC.

FILED Apr 23, 2008 Secretary of State

Current Principal Place of Business:			Nev	New Principal Place of Business:			
#200	EN OF THE GO						
Current Mailing Address:			Nev	New Mailing Address:			
#200	88 GARDEN OF THE GODS ROAD 200 COLORADO SPRINGS, CO 80907						
	ımber: 85-0308777 FEI Number Applied For() FEI Nu		FEI Number I	nber Not Applicable ( ) Certificate of Status Desired ( )			
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:							
	Electronic	Signature of Registered Age	nt			Date	
Election Campaign Financing Trust Fund Contribution ( ).							
OFFICERS AND DIRECTORS:			AD	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	LEHMANN, RONA 4171 SINTON RE				O'BRIEN, TERE 888 GARDEN O	) Change ()Add ENCE DF THE GODS RI PRINGS, CO 809	D #200
Title: Name: Address: City-St-Zip:	VC (X) I KHURANA, SHIV 287 BOWMAN A' PURCHASE, NY	VE, 3RD FLOOR	Title: Nam Addr City-	e:	( )	) Change ()Add	lition
Title: Name: Address: City-St-Zip:	D () [ SANAN, FUNEET 287 BOWMAN A' PURCHASE, NY	VE, 3RD FLOOR			BEART, RUSSE 888 GARDEN C	) Change ()Add ELL DF THE GODS RI PRINGS, CO 809	D #200
Title: Name: Address: City-St-Zip:			Title: Nam Addr City-	e:	( )	) Change ()Add	lition
Title: Name: Address: City-St-Zip:	BAKER, L ALLEN 888 GARDEN OF	Delete N JR. F THE GODS RD #200 RINGS, CO 80907	Title: Nam Addr City-	e:	( )	) Change ()Add	lition
Title: Name: Address: City-St-Zip:	BAKER, CHRIST 888 GARDEN OF	Delete Y A F THE GODS RD, #200 RINGS, CO 80907	Title: Nam Addr City-	e:	CUTLER, LUCA 888 GARDEN C	) Change ( ) Add AS DF THE GODS RI PRINGS, CO 809	D, #200

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: MANDELINE HENDRICKS POA 04/23/2008