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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

(Business Entity Name)

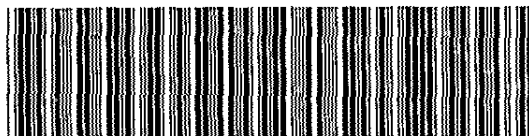
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-16-07

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October 9, 2007

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: TOMORROW'S IMPACT, INC.

Dear Sirs:

Enclosed please find an original and one copy of "Application by Foreign Corporation for Authorization to Transact Business in Florida" together with original New York State "Certificate of Existence".

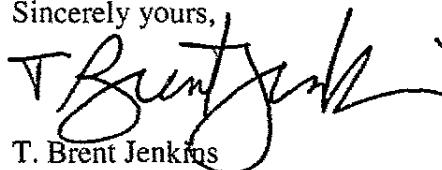
Please register the above referenced foreign corporation to transact business in Florida. Our firm's check in the amount of \$78.75, is enclosed to cover the following fees:

1. Filing fee	\$ 70.00
2. Certified copy	<u>\$ 8.75</u>
Total	\$ 78.75

Please mail a certified copy to us in the enclosed envelope.

Should you have any questions, please feel free to contact our office.

Sincerely yours,


T. Brent Jenkins

TBJ/tf
encl.

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. TOMORROW'S IMPACT, INC.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 11-3623200
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 7, 2001 5. PERPETUAL
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. OCTOBER 2004
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 404 Woods Road, N. Babylon, NY 11703
(Principal office address)
390 S. Atlantic Avenue, Ormond Beach, FL 32176
(Current mailing address)

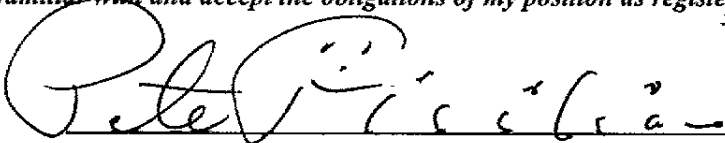
8. Sale of "U Go Gr1" brand products and any and all other lawful business
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Peter Sicilian
Office Address: 390 S. Atlantic Avenue
Ormond Beach, Florida 32176
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: PETER SICILIAN
Address: 390 S. Atlantic Avenue
Ormond Beach, FL 32176

Vice Chairman: PETER SICILIAN
Address: SAME AS ABOVE

Director: PETER SICILIAN
Address: SAME AS ABOVE

Director: PETER SICILIAN
Address: SAME AS ABOVE

B. OFFICERS

President: PETER SICILIAN
Address: 390 S. Atlantic Avenue
Ormond Beach, FL 32176

Vice President: PETER SICILIAN
Address: SAME AS ABOVE

Secretary: PETER SICILIAN
Address: SAME AS ABOVE

Treasurer: PETER SICILIAN
Address: SAME AS ABOVE

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Peter Sicilian
(Signature of Director or Officer listed in number 12 of the application)

14. PETER SICILIAN SOLE OFFICER/DIRECTOR
(Typed or printed name and capacity of person signing application)

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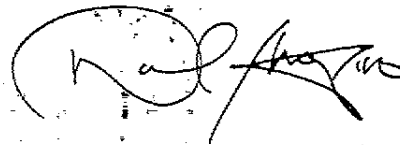
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of TOMORROW'S IMPACT, INC. was filed on 08/07/2001, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

The Biennial Statement is past due.

*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 04th day of October two
thousand and seven.*



Special Deputy Secretary of State

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TALLAHASSEE, FLORIDA

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