

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F07000005123

1. Entity Name
TOMORROW'S IMPACT, INC.



Principal Place of Business
**404 WOODS RD. N.
BABYLON, NY 11702**

Mailing Address
**390 S. ATLANTIC AVE.
ORMOND BEACH, FL 32176**



05152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
11-3623200

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**SICILIAN, PETER
390 S. ATLANTIC AVE.
ORMOND BCH, FL 32176**

**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

Peter Sicilian

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5/19/08

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	PCSD
NAME	SICILIAN, PETER
STREET ADDRESS	390 S. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BCH, FL 33176
TITLE	TV
NAME	SICILIAN, PETER
STREET ADDRESS	390 S. ATLANTIC AVE.
CITY-ST-ZIP	ORMOND BCH, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000952030
06/04/08-80063-016 158.75

**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

Peter Sicilian

PETER SICILIAN

Date

Daytime Phone #

5/19/08 917-335-6764