

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H56334

FILED
Jun 15, 2009
Secretary of State

Entity Name: IMPRESSION TECHNOLOGY, INC.

Current Principal Place of Business:

250 EAST DR, SUITE E F
MELBOURNE, FL 32904 US

New Principal Place of Business:

250 EAST DR,
SUITE E
MELBOURNE, FL 32904 US

Current Mailing Address:

295 NORTH DRIVE, STE F
SUITE F
MELBOURNE, FL 32934 US

New Mailing Address:

250 EAST DR,
SUITE E
MELBOURNE, FL 32904 US

FEI Number: 59-2525738

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ELEY, EDMOND
4479 N US 1 STE B
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

ELEY, EDMOND
516 NORTH HARBOR CITY BLVD
MELBOURNE, FL 32935 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:

06/15/2009

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PS () Delete
Name: VAN MEIR, ADRIAN J
Address: 2542 APPALACHIAN DR
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADRIAN VAN MEIR

PS

06/15/2009

Electronic Signature of Signing Officer or Director

Date