

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90352 001 ***150.00

DATE TIME

DOCUMENT # J03537



1. Entity Name
OPTICAL IMPACT INC.

Principal Place of Business
**230 CARISSA DRIVE
SATELLITE BCH FL 32937
US**

Mailing Address
**230 CARISSA DRIVE
SATELLITE BCH FL 32937
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2679978**

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**D'AMATO, KAREN B
230 CARISSA DRIVE
SATELLITE BCH FL 32937**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	D'AMATO, JAMES PAUL	
STREET ADDRESS	230 CARISSA DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	D'AMATO, JAMES PAUL	
STREET ADDRESS	230 CARISSA DRIVE	
CITY-ST-ZIP	SATELLITE BCH FL	
TITLE	V	<input type="checkbox"/> Delete
NAME	D'AMATO, KAREN B	
STREET ADDRESS	230 CARISSA DRIVE	
CITY-ST-ZIP	SATELLITE BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *James Paul D'Amato*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **4-10-03** Daytime Phone #: **321-773-9061**

CR2E034 (10/02)