2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000084841

Entity Name

IMPACT TECHNOLOGIES GROUP, LLC



Principal Place of Business

Mailing Address

1801 N FLAGLER DR

SUITE 726 WEST PALM BEACH, FL 33407

DO NOT WRITE IN THIS SPACE

1801 N FLAGLER DR Suite 726

WEST PALM BEACH, FL 33407

FILED Apr 21, 2008 08:00 A Secretary of State



04052008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 34-2025083

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CEJA, ANGELINA 1801 NORTH FLAGLER DR STE 726

WEST PALM BEACH, FL 33407

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 Floric	a. I am familiar with, and accept
the obligations of registered agent.	

SIGNATURE

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

(NOTE: Registered Agent signalure required when reinstating)

DATE

000000909948 05/06/08-80090-005 138.75

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

MANAGING MEMBERS/MANAGERS 9. MGRM TITLE CEJA. ANGELINA NAME 1801 N FLAGLER DR STE 726 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH, FL 33407 TITLE NAME STREET ADDRESS CITY+ST-7IP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

DO NOT WRITE
IN THIS SPACE

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED BANE OF SIGNING MANAGING MEMBER, OR A

UTHORIZED REPRESENTATIVE

4-8-08

Daytime Phone #