FILED
Jun 15, 2007 8:00 am
Secretary of State

05-02-2007 90339 021 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000002543

1. Entity Name
IMPACT IMAGERY GROUP LLC

Principal Place of Business	Mailing Address
4014 NE 5TH AVENUE OAKLAND PARK, FL 33334	4014 NE 5TH AVENUE OAKLAND PARK, FL 33334
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

04192007 Chg-LLC CR2E083 (12/06)

4. FEI Number APPLIED FOR 20-2149204 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HIGHFIELD, THOMAS G IV 4014 N.E. 5TH AVE. OAKLAND PARK, FL 33334-2201	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: Thomas G. Highfield 4/26/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HIGHFIELD, THOMAS G IV 6200 S.W. 12TH STREET NORTH LAUDERDALE, FL 33068	☒ Delete (replace with →)	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. Highfield Thomas G. IV 4014 N. E. 5th Ave. Oakland Park, FL 33334-2201	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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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: [signature] IV 6/12/07 954-561-1600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

Thomas G. Highfield IV