

# 2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000035664

FILED  
Nov 04, 2008  
Secretary of State

Entity Name: IMPACT GLOBAL SOLUTIONS LLC.

**Current Principal Place of Business:**

320 S FLAMINGO RD  
#305  
PEMBROKE PINES, FL 33027

**New Principal Place of Business:**

**Current Mailing Address:**

320 S FLAMINGO RD  
#305  
PEMBROKE PINES, FL 33027

**New Mailing Address:**

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALVARENGA, PAUL V  
114 PLAINVIEW DR  
PALM COAST, FL 32164 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO ( ) Delete  
Name: PAUL, ALVARENGA V  
Address: 114 PLAINVIEW DR  
City-St-Zip: PALM COAST, FL 32164

Title: PR ( ) Delete  
Name: HENRY, TROY A  
Address: 320 S FLAMINGO RD, SUITE 305  
City-St-Zip: PEMBROKE PINES, FL 33027

**ADDITIONS/CHANGES:**

Title: CEO (X) Change ( ) Addition  
Name: JOHN, HOMAN  
Address: 343 OAKWOOD AVE  
City-St-Zip: EAST PEORIA, IL 61611

Title: VP (X) Change ( ) Addition  
Name: HENRY, TROY  
Address: 320 S FLAMINGO RD, SUITE 305  
City-St-Zip: PEMBROKE PINES, FL 33027

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 is true and accurate and that my electronic 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: TROY HENRY

VP

11/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date