

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000035664

FILED
Feb 11, 2009
Secretary of State

Entity Name: IMPACT GLOBAL SOLUTIONS LLC.

Current Principal Place of Business:

320 S FLAMINGO RD
#305
PEMBROKE PINES, FL 33027

Current Mailing Address:

320 S FLAMINGO RD
#305
PEMBROKE PINES, FL 33027

New Principal Place of Business:

118 FLAGLER PLAZA DRIVE
SUITE #138
PALM COAST, FL 32137

New Mailing Address:

118 FLAGLER PLAZA DRIVE
SUITE #138
PALM COAST, FL 32137

FEI Number: 80-0308190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: JOHN, HOMAN
Address: 343 OAKWOOD AVE
City-St-Zip: EAST PEORIA, IL 61611

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

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: PAUL, ALVARENGA
Address: 114 PLAINVIEW DRIVE
City-St-Zip: PALM COAST, FL 32164

Title: P (X) Change () Addition
Name: PAUL, ALVARENGA
Address: 114 PLAINVIEW DRIVE
City-St-Zip: PALM COAST, FL 32164

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: PAUL ALVARENGA

CEO

02/11/2009

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