

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000035664

FILED
Feb 18, 2009
Secretary of State**Entity Name:** IMPACT GLOBAL SOLUTIONS LLC.**Current Principal Place of Business:**118 FLAGLER PLAZA DRIVE
SUITE #138
PALM COAST, FL 32137**New Principal Place of Business:**14026 NW 82 AVE
MIAMI LAKES, FL 33016**Current Mailing Address:**118 FLAGLER PLAZA DRIVE
SUITE #138
PALM COAST, FL 32137**New Mailing Address:**14026 NW 82 AVE
MIAMI LAKES, FL 33016**FEI Number:** 80-0308190**FEI Number Applied For ()****FEI Number Not Applicable ()****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
Address: 114 PLAINVIEW DRIVE
City-St-Zip: PALM COAST, FL 32164**Title:** P () Delete
Name: PAUL, ALVARENGA
Address: 114 PLAINVIEW DRIVE
City-St-Zip: PALM COAST, FL 32164**ADDITIONS/CHANGES:****Title:** R (X) Change () Addition
Name: PAUL, ALVARENGA
Address: 114 PLAINVIEW DRIVE
City-St-Zip: PALM COAST, FL 32164**Title:** MGRM (X) Change () Addition
Name: CAROLE, JULMISE
Address: 14026 NW 82 AVE
City-St-Zip: MIAMI LAKES, FL 33016

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

R

02/18/2009

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