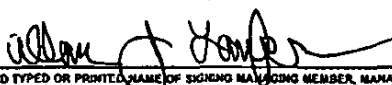


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

3/1

**FILED**  
**Mar 28, 2008 8:00 am**  
**Secretary of State**

03-05-2008 90206 047 \*\*\*138.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |                                 |                                                                         |                                                                                   |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------------|-------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L07000044695</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                 |                                                                         |  |  |
| 1. Entity Name<br><b>IMPACT SCIENCE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                 |                                                                         |                                                                                   |  |
| Principal Place of Business<br><b>1915 TRADE CENTER WAY<br/>NAPLES, FL 34109 US</b>                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |                                 | Mailing Address<br><b>1915 TRADE CENTER WAY<br/>NAPLES, FL 34109 US</b> |                                                                                   |  |
| 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                                                                 | 4. FEI Number<br><b>20-8924098</b>                                                |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |                                 |                                                                         | Applied For<br>Not Applicable                                                     |  |
| 6. Name and Address of Current Registered Agent<br><b>LADAMAN, CARRIE E<br/>3200 TAMiami TRAIL NORTH<br/>SUITE 200<br/>NAPLES, FL 34104</b>                                                                                                                                                                                                                                                                                                                                                              |                                                                       |                                 |                                                                         | 7. Name and Address of New Registered Agent                                       |  |
| 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 _____ DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating)</small>                                                                                                                                                                                                                                                                                                                   |                                                                       |                                 |                                                                         |                                                                                   |  |
| <b>FILE NOW!! FEE IS \$138.75<br/>After May 1, 2008 Fee will be \$538.75</b>                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |                                 | Make check payable to<br>Florida Department of State                    |                                                                                   |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |                                 | 10. ADDITIONS / CHANGES                                                 |                                                                                   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>LAUFER, ALAN J<br>1915 TRADE CENTER WAY<br>NAPLES, FL 34109    | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MGR<br>DAVID, TOBY R<br>C/O 3615 5TH AVE. N.E.<br>BRADENTON, FL 34208 | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| 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:                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |                                 | 2/8/08 239.5927611                                                      |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |                                 | Date Daytime Phone #                                                    |                                                                                   |  |

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