2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

Mar 24, 2005 8:00 am **Secretary of State DOCUMENT # L26520** 03-24-2005 90028 001 ***150.00 1. Entity Name IMPRESSIONS AND COMPANY, INC. Principal Place of Business Mailing Address 2228280XXXXXXXXX PO BOX 761 PONTE VEDRA BEACH, FL 32240-0555 US JACKSONVILLE BEACH, FLX 32250xxx US 2. Principal Place of Business 303-2 Villa del Mar Dr. 3. Mailing Address P. O. Box 761 Suite, Apt. #, etc. Suite, Apt. #, etc. 02172005 Chg-P CR2E034 (10/03) 4. FEI Number Applied For City & State Ponte Vedra Beach, FL City & State Ponte Vedra Beach, FL 59-2977211 Not Applicable St. Johns Country St. Johns \$8.75 Additional ^{Zip} 32004 32082 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GALASSO, NADINE Street Address (P.O. Box Number is Not Acceptable) 303–2 Villa del Mar Dr. 2225/45/T/SOUTHER## JACKSONWIKLE: BEARINKELOBERSON Ponte Vedra Beach 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. 2/18/05 SIGNATURE Signature, typed or printed name of registered agent and title if applicable— (NOTE: Registered Agent agreture required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DPST Change Addition TITLE ☐ Delete TITLE GALASSO, NADINE NAME NAME STREET ADDRESS 303-2 Villa del Mar Dr. 2225GCCCSTSTGG44X STREET ADDRESS Ponte Vedra Beach, FL 32082 CITY-ST-ZIP CITY-ST-7IP JARKSONONDOE/BEARHXELX32220X ☐ Change ☐ Addition TITLE TITLE ■ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NALAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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