2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001851

Name:

Address:

City-St-Zip:

MARTIN, LEON JR.

2331 E. GULF DR.

MIAMI, FL 33167

Entity Name: SPIRITUAL IMPACT, INC.

FILED Apr 28, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 2651 MADISON ST. HOLLYWOOD, FL 33020 **Current Mailing Address: New Mailing Address:** P. O. BOX 99-8882 MIAMI, FL 33299 FEI Number: 65-1088165 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LANG, LISA 1410 NW 175TH ST. MIAMI, FL 33169 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition LANG, LISA Name: Name: Address: 1410 NW 175TH ST. Address: City-St-Zip: MIAMI, FL 33169 City-St-Zip: Title: Title: () Delete () Change () Addition Name: WILSON, KERRY Name: Address: 314 SW 8TH ST. Address: City-St-Zip: DELRAY BCH, FL 33444 City-St-Zip: Title: () Delete Title: () Change () Addition THAMES, MICHELLE Name: Name: 2651 MADISON ST. Address: Address: City-St-Zip: HOLLYWOOD, FL 33020 City-St-Zip: () Delete Title: Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: MICHELLE R. THAMES D 04/28/2004