

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002090

FILED  
Feb 24, 2006  
Secretary of State

Entity Name: IMPACT LEADERSHIP RESOURCES, INC.

## Current Principal Place of Business:

3036 BLUE JACK CT.  
ORANGE PARK, FL 32065

## New Principal Place of Business:

## Current Mailing Address:

3036 BLUE JACK CT.  
ORANGE PARK, FL 32065

## New Mailing Address:

P.O. BOX 441901  
JACKSONVILLE, FL 32222

FEI Number: 16-1658506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

JOHNSON, MICHAEL A  
225 NORTH FLORIDA AVENUE  
LAKELAND, FL 33801 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: AGUILAR, SANDY  
Address: P.O. BOX 1268  
City-St-Zip: ORANGE PARK, FL 32067

Title: D ( ) Delete  
Name: PLATH, LISA  
Address: 591 HEWES PLACE  
City-St-Zip: ORANGE PARK, FL 32067

Title: D ( ) Delete  
Name: PETERSON, CHERYL  
Address: 3057 HALEY LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: D ( ) Delete  
Name: STONE, CINDI  
Address: 5631 COLDSTREAM CT  
City-St-Zip: JACKSONVILLE, FL 32222

Title: D ( ) Delete  
Name: PETERSON, RANDY  
Address: 3057 HALEY LANE  
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: ADKINS, LINDA REV.  
Address: 10426 INNISBROOK  
City-St-Zip: JACKSONVILLE, FL 32222

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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.

SIGNATURE: SANDY AGUILAR

D

02/24/2006

Electronic Signature of Signing Officer or Director

Date