2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000004451

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JENSEN BEACH, FL 34958

City-St-Zip:

FILED Apr 02, 2007 Secretary of State

Entity Na	me: IMPACT	STUDENT EVENTS INC.					
Current P	rincipal Place	e of Business:	New Princ	New Principal Place of Business:			
P.O. BOX 693 JENSEN BEACH, FL 34958				2843 SE WILTSHIRE TERR PORT ST LUCIE, FL 34952			
Current Mailing Address:			New Maili	New Mailing Address:			
	VILTSHIRE TE LUCIE, FL 34						
FEI Number	: 65-1197976	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desire	ed ()	
Name and	l Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
2278 SW I	IAN, WILLIAM MONTERREY LUCIE, FL 34	LN					
	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered	d office or registered agent,	or both,	
SIGNATU	RE:						
	Electro	nic Signature of Registered Age	ent	Date			
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (TIMMERMAN, 2278 SW MON PORT ST. LUC	ITERREY LN	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	V (HERRICK, SAF 2843 SE WILT PORT ST. LUC	SHIRE TERR	Title: Name: Address: City-St-Zip:	FOLEY, SAF 2843 SE WII	(X) Change () Addition RAH LTSHIRE TERR JCIE, FL 34952		
Title: Name: Address: City-St-Zip:	S (HERRICK, AD/ 2843 SE WILT PORT ST LUC	SHIRE TERR	Title: Name: Address: City-St-Zip:	MOSELEY, I 2843 SE WII	(X) Change () Addition BRANDON LTSHIRE TERR ICIE, FL 34952		
Title: Name: Address:	T (TIMMERMAN, P.O. BOX 693		Title: Name: Address:		() Change () Addition		

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.

City-St-Zip:

SIGNATURE: SARAH FOLEY V 04/02/2007