

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000005973

FILED
Apr 21, 2005
Secretary of State

Entity Name: IMPACT AFRICA, INC.

Current Principal Place of Business:

P.O.BOX 702511
ST CLOUD, FL 347702511

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 702511
ST CLOUD, FL 347702511

New Mailing Address:

FEI Number: 20-0118718

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BAUMRUK, ANDY J CPA
717 E OAK ST
KISSIMMEE, FL 34744 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: PD () Delete
Name: FRANZEN, RICHARD
Address: PO BOX 702511
City-St-Zip: ST. CLOUD, FL 347702511

Title: VD () Delete
Name: FRANZEN, MICHELLE
Address: PO BOX 702511
City-St-Zip: ST. CLOUD, FL 347702511

Title: D () Delete
Name: BAUMRUK, ANDY J
Address: 717 E OAK ST
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: BAUMRUK, KELLY S
Address: 717 E OAK ST
City-St-Zip: KISSIMMEE, FL 34744

Title: D () Delete
Name: GOLEY, STEVE
Address: PO BOX 703203
City-St-Zip: TULSA, OK 74170

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:

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.

SIGNATURE: ANDY BAUMRUK

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04/21/2005

Electronic Signature of Signing Officer or Director

Date