2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# N04000006116

Entity Name: IMPACT COMMUNITY ENRICHMENT PROGRAMS ,INC

Current Principal Place of Business:

1050 SW 85TH AVE.
PEMBROKE PINES, FL 33025

New Principal Place of Business:

8100 CLEVELAND DRIVE
PUNTA GORDA, FL 33982

Current Mailing Address:

9965 MIRAMAR PKWY
SUITE 291
MIRAMAR, FL 33025

New Mailing Address:

FEI Number: 41-2141852 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCNEIL, MICHAEL G
1050 SW 85TH AVE
PEMBROKE PINES, FL 33025 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: VP ( ) Delete
Name: MCNEIL, PATRICIA E
Address: 1050 SW 85TH AVE
City-St-Zip: PEMBROKE PINES, FL 33023

Title: D ( ) Delete
Name: CAMPBELL, HOWARD C
Address: 18722 NW 23 CT
City-St-Zip: MIAMI GARDENS, FL 33056

Title: D ( ) Delete
Name: THOMAS, KAREN
Address: 3020 SW 68TH AVE
City-St-Zip: MIRAMAR, FL 33023

Title: P ( ) Delete
Name: MCNEIL, MICHAEL G
Address: 1050 SW 85TH AVE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S ( ) Delete
Name: CHARMAINE, CAMPBELL
Address: 17030 NW 10CT
City-St-Zip: MIAMI, FL 33169

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 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: MG MCNEIL P 05/02/2007

Electronic Signature of Signing Officer or Director — Date