

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010995

FILED  
Jul 12, 2006  
Secretary of State

Entity Name: LEADING EDGE IMPACT, INC.

## Current Principal Place of Business:

20 STEVENS DR  
MIDWAY, FL 32343

## New Principal Place of Business:

## Current Mailing Address:

20 STEVENS DR  
MIDWAY, FL 32343

## New Mailing Address:

FEI Number: 59-3816166      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:

SPARKS, DONTE  
20 STEVENS DR  
MIDWAY, FL 32343      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: SOLADE, OLATUNDE  
Address: 20 STEVENS DR  
City-St-Zip: MIDWAY, FL 32343

Title: O ( ) Delete  
Name: SPARKS, DONTE  
Address: 20 STEVENS DR  
City-St-Zip: MIDWAY, FL 32343

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: DONTE SPARKS

O

07/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date