2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001631

FILED Apr 12, 2008 Secretary of State

Entity Name: IMPACT-ONE FOUNDATION, INC. **Current Principal Place of Business: New Principal Place of Business:** 2759 SILVER RIDGE DR ORLANDO, FL 32818 **Current Mailing Address: New Mailing Address:** P. O.BOX 1548 ORLANDO, FL 32802 FEI Number: 06-1769235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: JEAN, BERTHONY JEAN, BERTHONY P. O BOX 1548 828 W WASHINGTON ST APT 24 ORLANDO, FL 32802 US ORLANDO, FL 32805 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: BERTHONY 04/12/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete JEAN, BERTHONY Name: Name: 828 W. WASHINGTON ST APT 24 Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: PREVIL, GERNINE Name: RAOUL, PIERRE LOUIS Address: 828 W WASHINGTON ST APT 24 Address: 828 W WASHINGTON ST APT 24 City-St-Zip: ORLANDO, FL 32805 City-St-Zip: ORLANDO, FL 32805 Title: DS () Delete Title: () Change () Addition ISIDOR, EDRICE Name: Name: Address: 2759 SILVER RIDGE DR Address: City-St-Zip: ORLANDO, FL 32818 City-St-Zip: Title: DT () Delete Title: () Change () Addition Name: DELICES, JACQUES Name: Address: 223 DOLLINS AVE DR Address: City-St-Zip: ORLANDO, FL 32085 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: BERTHONY DP 04/12/2008