

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000007675

FILED  
Apr 29, 2010  
Secretary of State

**Entity Name:** IMPRESSIONS CARE PACKAGE SERVICE CORPORATION

**Current Principal Place of Business:**

8704 NW 38TH DRIVE  
APT #1  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

1341 NW 18TH DRIVE  
#102  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

8704 NW 38TH DRIVE  
APT #1  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

1341 NW 18TH DRIVE  
#102  
POMPANO BEACH, FL 33069

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARY, JACQUELINE D  
8704 NW 38TH DRIVE  
APT #1  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

GARY, JACQUELINE D  
1341 NW 18TH DRIVE  
#102  
POMPANO BEACH, FL 33069 US

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: JACQUELINE D. GARY

04/29/2010

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: GARY, JACQUELINE D  
Address: 1341 NW 18TH DRIVE # 102  
City-St-Zip: POMPANO BEACH, FL 33069 US

I hereby 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 all other like empowered.

SIGNATURE: JACQUELINE D. GARY

P

04/29/2010

Electronic Signature of Signing Officer or Director

Date