

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 27, 2005
Secretary of State**

DOCUMENT# N96000005844

Entity Name: LIFE IMPACT, INC.

Current Principal Place of Business:

99 NW 183RD ST
#203
MIAMI, FL 33169 US

New Principal Place of Business:

590 NW 159 STREET
MIAMI, FL 33169 US

Current Mailing Address:

99 NW 183RD ST
#203
MIAMI, FL 33169 US

New Mailing Address:

590 NW 159 STREET
MIAMI, FL 33169 US

FEI Number: 65-0706511 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUNDY, NIGEL
620 SW 100TH 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: PD () Delete
Name: HUNDY, NIGEL
Address: 620 SW 100TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: VPD () Delete
Name: HUNDY, MADELINE
Address: 620 SW 100TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: S () Delete
Name: GRANT, KINGSLEY
Address: 70 NE 210TH ST
City-St-Zip: MIAMI, FL 33179

Title: T () Delete
Name: SEARCY, SANDY
Address: 321 NW 99 WAY
City-St-Zip: PEMBROKE PINES, FL 33025

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: T (X) Change () Addition
Name: SEARCY, SANDY
Address: 370 NE 159 STREET
City-St-Zip: NORTH MIAMI BEACH, FL 33162

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: MADELINE HUNDY

VPD

04/27/2005

Electronic Signature of Signing Officer or Director

Date