

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
May 30, 2007
Secretary of State**

DOCUMENT# N99000003320

Entity Name: IMPACT COMMUNITY SERVICES, INC.

Current Principal Place of Business:

5631 NW 27TH CT
LAUDERHILL, FL 33313

New Principal Place of Business:

Current Mailing Address:

5631 NW 27TH COURT
LAUDERHILL, FL 33313 US

New Mailing Address:

FEI Number: 65-0942689 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POMERANZ, MARK ESQ
12955 BISCAYNE BLVD, SUITE #202
NORTH MIAMI, FL 33181 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: LEVY, YUVAL
Address: 2101 W. ATLANTIC BLVD. #110
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: DV () Delete
Name: SCHAUBER, PAUL
Address: 5631 N.W. 27 COURT
City-St-Zip: LAUDERHILL, FL 33313 US

Title: SD (X) Delete
Name: COHEN, HERBERT
Address: 200 SE 6TH ST.
City-St-Zip: FT. LAUDERDALE, FL 33316 US

Title: SD (X) Delete
Name: NELSON, NIKKI
Address: 10904 SW 72ND #52
City-St-Zip: MIAMI, FL 33173 US

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:

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: PAUL SCHAUBER LCSW

DV

05/30/2007

Electronic Signature of Signing Officer or Director

Date