2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIF

FILED May 05, 2005 08:00 AM Secretary of State DOCUMENT # P01000117551 IMP-2G, INC. Mailing Address Principal Place of Business 261 GREENWOOD DR 261 GREENWOOD DR KEY BISCAYNE, FL 33149 KEY BISCAYNE, FL 33149 05022005 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1158885 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent HEGAMYER, KATHARINE LEE DO NOT WRITE 261 GREENWOOD DR KEY BISCAYNE, FL 33149 IN THIS SPACE 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00. 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Due by September 7, 2005_ OFFICERS AND DIRECTORS 10. TITLE NAME HEGAMYER, KATHARINE 261 GREENWOOD DR. STREET ADDRESS U000000363271 CITY-ST-ZIP KEY BISCAYNE, FL 33149 05/05/05-80151-022 150.00 TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADBRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1). Florida Statutes. I further certify that the information indicated on this report or supplemental reports true and accurate and that my 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 enhancement to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if