


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90152 020 ***150.00

DOCUMENT # P02000064942

1. Entity Name
EX IMPACT TECHNOLOGIES, INC.



Principal Place of Business
**8280 COLLEGE PKWY., SUITE 103
FT. MYERS FL 33919**

Mailing Address
**8280 COLLEGE PKWY., SUITE 103
FT. MYERS FL 33919**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

4. FEI Number
82-0548722

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SWANN, K. MICHAEL
301 E. PINE ST., SUITE 1020
ORLANDO FL 32801**

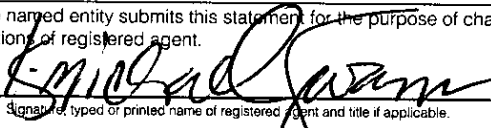
7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 obligation of registered agent.

SIGNATURE  DATE **2/13/03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Christopher Carman
STREET ADDRESS	8280 College Parkway, Suite 103
CITY-ST-ZIP	Ft. Myers, Florida 33919
TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Cosgrove
STREET ADDRESS	609 Village Lane
CITY-ST-ZIP	Winter Park, FL 32792
TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Steve Minasi
STREET ADDRESS	7301 Marc Drive
CITY-ST-ZIP	Falls Church, VA 22042
TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Stephen Mathew Morrow
STREET ADDRESS	10 Sedona Drive
CITY-ST-ZIP	Foothill Ranch, CA 92610
TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Robert Fletcher
STREET ADDRESS	699 S.W. 8th Terrace
CITY-ST-ZIP	Boca Raton, FL 33486
TITLE	C <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kent Riedesel
STREET ADDRESS	8280 College Parkway, Suite 1020
CITY-ST-ZIP	Ft. Myers, FL 33919

12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  DATE **2/13/03** DAYTIME PHONE # **7394339114**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)

Attachment

80059831

#PO2000064942

CONTINUATION - 2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
Name	Jim Novo		
Street Address	P.O. Box 46371		
City-ST-Zip	St. Petersburg, FL 33741-6371		