

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000106564

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: IMPACT FUSION INTERNATIONAL, INC.

**Current Principal Place of Business:**

1550 NW THIRD STREET  
DEERFIELD BEACH, FL 33442 US

**New Principal Place of Business:**

**Current Mailing Address:**

1550 NW THIRD STREET  
DEERFIELD BEACH, FL 33442 US

**New Mailing Address:**

FEI Number: 75-3086416

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GREENTREE FINANCIAL GROUP, INC.  
555 S. POWERLINE ROAD  
POMPAÑO BEACH, FL 33069 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DCEO ( ) Delete  
Name: WALTHER, MARC A  
Address: 16906 KENNETH DR  
City-St-Zip: MACOMB, MI 48044

Title: P ( ) Delete  
Name: VERSACE, PETER F  
Address: 5851 HOLMBERG ROAD  
City-St-Zip: PARKLAND, FL 33067

Title: DCTO ( ) Delete  
Name: SCIVOLETTO, JOSEPH  
Address: 1635 NW 67TH AVE  
City-St-Zip: MARGATE, FL 33063

**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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH SCIVOLETTO

SECY

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date