2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2005
Secretary of State

DOCUMENT# P03000031387

Entity Name: IMPACT INSURANCE SERVICES, INC.

Current Principal Place of Business:

7625 PINES BOULEVARD
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

8451 NW 3RD STREET
PEMBROKE PINES, FL 33024

New Mailing Address:

18064 SW 33RD COURT
MIRAMAR, FL 33029

FEI Number: 01-0773004 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BROWN, PAULETTE M
8451 NW 3RD STREET
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

BROWN, PAULETTE M
18064 SW 33RD COURT
MIRAMAR, FL 33029 US

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: _____ 04/03/2005
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: BROWN, PAULETTE M MRS.
Address: 8451 NW 3RD STREET
City-St-Zip: PEMBROKE PINES, FL 33024

Title: VP ( ) Delete
Name: BROWN, CARNELL C MR.
Address: 8451 NW 3RD STRET
City-St-Zip: PEMBROKE PINES, FL 33024

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: BROWN, PAULETTE M MRS.
Address: 18064 SW 33RD COURT
City-St-Zip: MIRAMAR, FL 33029

Title: VP (X) Change ( ) Addition
Name: BROWN, CARNELL C MR.
Address: 18064 SW 33RD COURT
City-St-Zip: MIRAMAR, FL 33029

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

SIGNATURE: PAULETTE M. BROWN PRES 04/03/2005
Electronic Signature of Signing Officer or Director — Date