

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055202

Entity Name: IMPACT CONSULTING, INC.

FILED
May 01, 2006
Secretary of State

Current Principal Place of Business:

1701 NW 43RD STREET
OAKLAND PARK, FL 33309

New Principal Place of Business:

414 NW SHEFFIELD CIRCLE
PORT SAINT LUCIE, FL 34983

Current Mailing Address:

1701 NW 43RD STREET
OAKLAND PARK, FL 33309

New Mailing Address:

414 NW SHEFFIELD CIRCLE
PORT SAINT LUCIE, FL 34983

FEI Number: 02-0693083

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLEIGHT, LAUREL
1701 NW 43RD STREET
OAKLAND PARK, FL 33309 US

Name and Address of New Registered Agent:

SLEIGHT, LAUREL
414 NW SHEFFIELD CIRCLE
PORT SAINT LUCIE, FL 34983 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: LAURIE SLEIGHT

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SLEIGHT, LAUREL
Address: 1701 NW 43RD STREET
City-St-Zip: OAKLAND PARK, FL 33309

Title: D () Delete
Name: BROWN, COURTNEY
Address: 11326 65TH MANOR
City-St-Zip: PARKLAND, FL 33309

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: SLEIGHT, LAUREL T
Address: 414 NW SHEFFIELD CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: D (X) Change () Addition
Name: BROWN, COURTNEY B
Address: 11326 65TH MANOR
City-St-Zip: PARKLAND, FL 33309

Title: D () Change (X) Addition
Name: ERWIN, LEANNE T
Address: 414 NW SHEFFIELD CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34983

I hereby certify that the information supplied with this filing does not qualify for the 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: LAUREL SLEIGHT

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date