

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000055202

Entity Name: IMPACT CONSULTING, INC.

FILED  
Jan 22, 2007  
Secretary of State

## Current Principal Place of Business:

414 NW SHEFFIELD CIRCLE  
PORT SAINT LUCIE, FL 34983

## New Principal Place of Business:

## Current Mailing Address:

414 NW SHEFFIELD CIRCLE  
PORT SAINT LUCIE, FL 34983

## New Mailing Address:

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  
414 NW SHEFFIELD CIRCLE  
PORT SAINT LUCIE, FL 34983 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: D ( ) Delete  
Name: SLEIGHT, LAUREL T  
Address: 414 NW SHEFFIELD CIRCLE  
City-St-Zip: PORT ST LUCIE, FL 34983

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BROWN, COURTNEY B  
Address: 460 NW DOVER COURT  
City-St-Zip: PORT ST LUCIE, FL 33983

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: LAURIE SLEIGHT

PRES

01/22/2007

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

\_\_\_\_\_  
Date