## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P03000090632

Address:

City-St-Zip:

FILED Nov 11, 2009 Secretary of State

| Entity Nar                                    | me: IMPACT G   | ILOBAL II  | NVESTMENT, INC.        |   |   |  |    |  |
|---|--|------------|------------------------|---|---|--|----|--|
| Current Principal Place of Business:          |  |            |                        | New Princ                                   | New Principal Place of Business:          |  |    |  |
|   | ERIA STREET<br>ΓΟΝ, FL 33414                               | US         |                        |   |   |  |    |  |
| Current Mailing Address:                      |  |            |                        | New Maili                                   | New Mailing Address:                      |  |    |  |
|   | ERIA STREET<br>FON, FL 33414                               | US         |                        |   |   |  |    |  |
| FEI Number:                                   | 30-0204319   | FEI Numl   | ber Applied For ( )    | FEI Number Not App                          | icable ( )                                | Certificate of Status Desired ( )                                      |    |  |
| Name and Address of Current Registered Agent: |  |            |                        | Name and                                    | Name and Address of New Registered Agent: |  |    |  |
|   | LORNA D<br>12 TERRACE<br>JDERDALE, FL                      | 33319      | US                     |   |   |  |    |  |
|   | named entity s<br>e of Florida.                            | ubmits thi | is statement for the p | urpose of changing i                        | ts register                               | red office or registered agent, or both,                               |    |  |
| SIGNATUR                                      | RE:  |            |                        |   |   |  |    |  |
|   | Electroni  | c Signatu  | re of Registered Age   | nt  |   | Date   |    |  |
| OFFICERS AND DIRECTORS:                       |  |            |                        | ADDITION                                    | S/CHAN                                    | GES TO OFFICERS AND DIRECTOR   | S: |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | PRES ()<br>LABIDOU, LORN<br>6101 NW 42 TEI<br>FORT LAUDERE | RRACE      | 3319 US                | Title:<br>Name:<br>Address:<br>City-St-Zip: |   | ( ) Change ( ) Addition  |    |  |
| Title:<br>Name:<br>Address:<br>City-St-Zip:   | VP ()<br>AMBROISE, ALA<br>1207 NOBLE OA<br>SAVANNAH, GA    | KS DRIVE   |                        | Title:<br>Name:<br>Address:<br>City-St-Zip: | 1826 WIS                                  | (X) Change()Addition<br>, HYGENS<br>:TERIA STREET<br>:TON, FL 33414 US |    |  |
| Title:<br>Name:                               | ( )  | Delete     |                        | Title:<br>Name:                             | SECT<br>AMBROIS                           | ( ) Change (X) Addition<br>E, ALAN                                     |    |  |

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.

Address:

City-St-Zip:

1207 NOBLE OAKS DRIVE

SAVANNAH, GA 31406 US

SIGNATURE: LORNA LABIDOU **PRES** 11/11/2009