

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000091149

FILED  
Apr 27, 2006  
Secretary of State

**Entity Name:** 1ST IMPRESSION PROPERTY MANAGEMENT AND DEVELOPMENT INC.

**Current Principal Place of Business:**

104 E REYNOLDS ST, SUITE 203  
PLANT CITY, FL 33563

**New Principal Place of Business:**

P.O. BOX 4872  
PLANT CITY, FL 33563

**Current Mailing Address:**

104 E REYNOLDS ST, SUITE 203  
PLANT CITY, FL 33563

**New Mailing Address:**

P.O. BOX 4872  
PLANT CITY, FL 33563

**FEI Number:** 30-0204306

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WITT, BILLY  
104 E REYNOLDS ST, SUITE 203  
PLANT CITY, FL 33563 US

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

WITT, BILLY  
3002 CHITTY ROAD  
PLANT CITY, FL 33563 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: BILLY H. WITT

04/27/2006

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WITT, BILLY  
Address: P.O. BOX 4872  
City-St-Zip: PLANT CITY, FL 33564

Title: VP ( ) Delete  
Name: WITT, KIMBERLY  
Address: P.O. BOX 4872  
City-St-Zip: PLANT CITY, FL 33564

Title: SEC ( ) Delete  
Name: KEY, DELORS  
Address: P.O. BOX 4872  
City-St-Zip: PLANT CITY, FL 33564

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: WITT, BILLY  
Address: P.O. BOX 4872  
City-St-Zip: PLANT CITY, FL 33563

Title: VP (X) Change ( ) Addition  
Name: WITT, KIMBERLY  
Address: P.O. BOX 4872  
City-St-Zip: PLANT CITY, FL 33563

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: BILLY H WITT

P

04/27/2006

Electronic Signature of Signing Officer or Director

Date