2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000128449

1. Entity Name
IMPRESSIONS OF ASIA, INC.

Principal Place of Business	Mailing Address
16717 FAIRBOLT WAY ODESSA, FL 33556	16717 FAIRBOLT WAY ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

03042006   No Chg-P   CR2E034 (11/05)

4. FEI Number
51-0523168

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CONTRERAS, BENJAMAT
16717 FAIRBOLT WAY
ODESSA, FL 33556

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent signature required when reinstating)   DATE

| **FILE NOW!!! FEE IS $150.00**
After May 1, 2006 Fee will be $550.00 | **9.** Election Campaign Financing
Trust Fund Contribution. ☐ | **$5.00** May Be
Added to Fees | |

10.   OFFICERS AND DIRECTORS

TITLE	D
NAME	CONTRERAS, BENJAMAT
STREET ADDRESS	16717 FAIRBOLT WAY
CITY-ST-ZIP	ODESSA, FL 33556
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000463259
03/21/06-80069-011 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _Banimat Contreras_ BENJAMAT CONTRERAS 03/10/06 813-9261271

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #