

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000173486

Entity Name: DISH IMPRESSIONS, INC...

FILED
Apr 13, 2006
Secretary of State

Current Principal Place of Business:

3706 SAN SIMEON CIRCLE
WESTON, FL 33331

New Principal Place of Business:

4801 S UNIVERSITY DRIVE
252
DAVIE, FL 33328

Current Mailing Address:

8661 NW 24TH STREET
SUNRISE, FL 33322

New Mailing Address:

FEI Number: 55-0855120

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMS, JOHN
8661 NW 24TH ST
SUNRISE, FL 33322 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: DVP () Delete
Name: ESCOBAR, DOUGLAS
Address: 3706 SAN SIMEON CIRCLE
City-St-Zip: WESTON, FL 33331

Title: DP () Delete
Name: ADAMS, JOHN
Address: 8661 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33322

Title: DST () Delete
Name: SKAVOLKA, KATHY
Address: 418 SE 4TH TERR
City-St-Zip: DANIA, FL 33004

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: SHLYKOVA, YEKATERINA
Address: 1941 W. WOOLBRIGHT RD #104
City-St-Zip: BOYNTON BEACH, FL 33426

Title: DVP (X) Change () Addition
Name: ADAMS, JOHN
Address: 8661 NW 24TH STREET
City-St-Zip: SUNRISE, FL 33322

Title: DT (X) Change () Addition
Name: NICHOLAS, ADAMS
Address: 418 SE 4TH TERRACE
City-St-Zip: DANIA, FL 33004

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: JOHN ADAMS

DVP

04/13/2006

Electronic Signature of Signing Officer or Director

Date