

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000006505

Entity Name: PRENATAL IMPRESSIONS, INC.

FILED
Feb 22, 2007
Secretary of State

Current Principal Place of Business:

6700 CONROY RD.
SUITE 200
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

6700 CONROY RD.
SUITE 200
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 20-2148356

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PALAFIX, ANTONIO L JR.
6700 CONROY RD
SUITE 200
ORLANDO, FL 32835 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: PS () Delete
Name: MA, SOM Y
Address: 6700 CONROY RD, SUITE 200
City-St-Zip: ORLANDO, FL 32835

Title: VPT (X) Delete
Name: PALAFIX, ANTONIO L JR.
Address: 6700 CONROY RD, SUITE 200
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change () Addition
Name: PALAFIX, ANTONIO L MR.
Address: 6700 CONROY RD, SUITE 200
City-St-Zip: ORLANDO, FL 32835

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: ANTONIO L. PALAFIX

PST

02/22/2007

Electronic Signature of Signing Officer or Director

Date