

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # P05000037775**

1. Entity Name  
**IMPEL GROUP INC.**



Principal Place of Business  
**282 PORTSMOUTH AVE  
SEABROOK, NH 03874**

Mailing Address  
**282 PORTSMOUTH AVE  
SEABROOK, NH 03874**



01052007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**37-1509340**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**MARTINO, JAMES  
36415 CLARA STREET  
EUSTIS, FL 32736**

**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

*James Martino* **JAMES MARTINO**

*4/26/07* **4/26/07**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CURRAN, EUGENE
STREET ADDRESS	6230 BLOOMINGTON RD
CITY-ST-ZIP	MADISON TWP, PA 18444
TITLE	V
NAME	MARTINO, JAMES
STREET ADDRESS	36415 CLARA STREET
CITY-ST-ZIP	EUSTIS, FL 32736
TITLE	S
NAME	WOLFE, KAREN
STREET ADDRESS	370 SANDRA DR
CITY-ST-ZIP	LAKE ARIEL, PA 18436
TITLE	T
NAME	FALVEY, LEEANNE
STREET ADDRESS	282 PORTSMOUTH AVE
CITY-ST-ZIP	SEABROOK, NH 03874
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000747211  
05/17/07-80016-025 150.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

*Leeanne Falvey* **LEEANNE FALVEY**

*4/26/07* **4/26/07**

*603 918 6150* **603 918 6150**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #