2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000049669

Entity Name: NOTHING IS IMPOSSIBLE, INC.

FILED Apr 24, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2195 N ANDREWS AVE EXT UNIT 14 2195 N ANDREWS AVE EXT POMPANO BEACH, FL 33069

UNIT 14

POMPANO BEACH, FL 33069

Current Mailing Address: New Mailing Address:

2195 N ANDREWS AVE EXT UNIT 14 2195 N ANDREWS AVE EXT POMPANO BEACH, FL 33069 UNIT 14

POMPANO BEACH, FL 33069

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

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

MEIR, AHARON PRES MEIR, SHER 2195 N ANDREWS AVE EXT UNIT 14 2195 N ANDREWS AVE EXT

POMPANO BEACH, FL 33069 UNIT 14 POMPANO BEACH, FL 33069 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: AHARON MEIR 04/24/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: () Delete

MEIR, ASHER Name: 2195 N ANDREWS AVE EXT UNIT 14 Address:

City-St-Zip: POMPANO BEACH, FL 33069

Title: (X) Delete Name: MEIR. AHARON

2195 N ANDREWS AVE EXT UNIT 14 Address: POMPANO BEACH, FL 33069 City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: (X) Change () Addition

Name: MEIR, AHARON

2195 N ANDREWS AVE EXT UNIT 14 Address:

City-St-Zip: POMPANO BEACH, FL 33069

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: AHARON MEIR CEO 04/24/2006