

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000099840

Entity Name: IMPACT LIGHTING INC.

FILED
Jan 17, 2009
Secretary of State

Current Principal Place of Business:

400 W COMSTOCK AVE
SUITE # 3
WINTER PARK, FL 32789

New Principal Place of Business:

663 JACKSON STREET
WINTER PARK, FL 32789

Current Mailing Address:

640 EAST ALPINE STREET
ALTAMONTE SPRINGS, FL 32701

New Mailing Address:

663 JACKSON STREET
WINTER PARK, FL 32789

FEI Number: 04-3820573

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KOREN, LAURIE
640 EAST ALPINE STREET
ALTAMONTE SPRINGS, FL 32701 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: P () Delete
Name: KOREN, LAURIE
Address: 640 EAST ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: ISAAK, MARGARITA
Address: 640 EAST ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: SECR () Delete
Name: KOREN, LAURIE
Address: 640 EAST ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: TRES () Delete
Name: KOREN, LAURIE B
Address: 640 EAST ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: VP () Delete
Name: KOREN, PINHAS
Address: 640 EAST ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TRES (X) Change () Addition
Name: KOREN, PAUL (PINHAS)
Address: 640 EAST ALPINE STREET
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PINHAS PAUL KOREN

VP

01/17/2009

Electronic Signature of Signing Officer or Director

Date