## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000158792

Entity Name: TOTAL IMPACT, INC.

FILED May 19, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business

14261 JETPORT LOOP, SUITE 3 AND 4 14231 JETPORT LOOP, SUITE 3 AND 4

FORT MYERS, FL 33913 FORT MYERS, FL 339137713

Current Mailing Address: New Mailing Address:

14261 JETPORT LOOP, SUITE 3 AND 4 14231 JETPORT LOOP FORT MYERS, FL 33913 SUITE #3

FORT MYERS, FL 33913 SUITE #3
FORT MYERS, FL 339137713

FEI Number: 20-4052143 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

JURSINSKI, KEVIN F 7800 UNIVERSITY POINTE DRIVE, SUITE 200 FORT MYERS, FL 33907 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:

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 LINCOLN, SUSAN
 Name:
 CARNES, DIANA L

 Address:
 806 GROVE DRIVE
 Address:
 806 GROVE DRIVE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

Title: D ( ) Delete Title: PRES (X) Change ( ) Addition

 Name:
 SEEMAN, DENNIS
 Name:
 SEEMAN, DENNIS

 Address:
 806 GROVE DRIVE
 Address:
 806 GROVE DRIVE

 City-St-Zip:
 NAPLES, FL 34120
 City-St-Zip:
 NAPLES, FL 34120

Title: ( ) Delete Title: SEC ( ) Change (X) Addition

Name: LASSOURREILLE, SYLVIA

Address: Address: 415 5TH AVE

City-St-Zip: City-St-Zip: LEHIGH ACRES, FL 33972

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: DENNIS A. SEEMAN PRES 05/19/2006