

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000158792

FILED
Oct 13, 2006
Secretary of State**Entity Name:** TOTAL IMPACT, INC.**Current Principal Place of Business:**14231 JETPORT LOOP, SUITE 3 AND 4
FORT MYERS, FL 339137713**New Principal Place of Business:****Current Mailing Address:**14231 JETPORT LOOP
SUITE #3
FORT MYERS, FL 339137713**New Mailing Address:****FEI Number:** 20-4052143 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**JURSINSKI, KEVIN F
7800 UNIVERSITY POINTE DRIVE, SUITE 200
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**SEEMAN, DENNIS A
14231 JETPORT LOOP
3 AND 4
FORT MYERS, FL 339137713 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: DENNIS A. SEEMAN

10/13/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** VP () Delete
Name: CARNES, DIANA L
Address: 806 GROVE DRIVE
City-St-Zip: NAPLES, FL 34120**Title:** PRES () Delete
Name: SEEMAN, DENNIS
Address: 806 GROVE DRIVE
City-St-Zip: NAPLES, FL 34120**Title:** SEC () Delete
Name: LASSOURREILLE, SYLVIA
Address: 415 5TH AVE
City-St-Zip: LEHIGH ACRES, FL 33972**Title:** () Delete
Name: () Delete
Address: () Delete
City-St-Zip: () Delete**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP (X) Change () Addition
Name: CARNES, DIANA L
Address: 806 GROVE DR
City-St-Zip: NAPLES, FL 34120**Title:** () Change () Addition
Name: () Change () Addition
Address: () Change () Addition
City-St-Zip: () Change () Addition**Title:** SEC (X) Change () Addition
Name: LOVETT, NANCY G
Address: 1091 W. CR 48
City-St-Zip: BUSNELL, FL 33513**Title:** TREA () Change (X) Addition
Name: SEEMAN, ALICE E
Address: 9054 HELENE WAY
City-St-Zip: BROOKSVILLE, FL 34613

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

10/13/2006

Electronic Signature of Signing Officer or Director

Date