2009 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Mar 16, 2009
Secretary of State

DOCUMENT# P06000074995

Entity Name: IMPACT CREDIT INC.

Current Principal Place of Business:

4630 N UNIVERSITY DR.
SUITE 424
CORAL SPRINGS, FL 33067

New Principal Place of Business:

10693 WILES ROAD, SUITE 249
SUITE 249
CORAL SPRINGS, FL 33076

Current Mailing Address:

4630 N UNIVERSITY DR.
SUITE 424
CORAL SPRINGS, FL 33067

New Mailing Address:

10693 WILES ROAD, SUITE 249
SUITE 249
CORAL SPRINGS, FL 33076

FEI Number: 20-4971734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LABARR, ALEXANDRA S
4630 N. UNIVERSITY DR
424
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

LABARR, ALEXANDRA S
10693 WILES ROAD
249
CORAL SPRINGS, FL 33076 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: ALEXANDRA LABARR 03/16/2009
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:

Title: P ( ) Delete
Name: LABARR, ALEXANDRA S
Address: 4630 N UNIVERSITY DR SUITE 424
City-St-Zip: CORAL SPRINGS, FL 33067

Title: VP (X) Delete
Name: SILVA, CISA M
Address: 4630 N UNIVERSITY DR SUITE 424
City-St-Zip: CORAL SPRINGS, FL 33067

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: ALEXANDRA LABARR PRES 03/16/2009
Electronic Signature of Signing Officer or Director Date