


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2008 08:00 A
Secretary of State

DOCUMENT # P06000126895 1. Entity Name IMPACT CARD PRINTING, INC.	
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Principal Place of Business 11743 NW 26TH STREET CORAL SPRINGS, FL 33065	Mailing Address 11743 NW 26TH STREET CORAL SPRINGS, FL 33065
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DO NOT WRITE IN THIS SPACE



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5678192	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FRIEDMAN, MARC 8634 NW 59TH PLACE PARKLAND, FL 33067

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CINNANTE, PAUL 11743 NW 26TH STREET CORAL SPRINGS, FL 33065
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D CINNANTE, CHERYL 11743 NW 26TH STREET CORAL SPRINGS, FL 33065
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04/30/08-80044-012 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with an other like empowered.

SIGNATURE: 	4/14/08	954-257-6339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #