

P07000132197

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

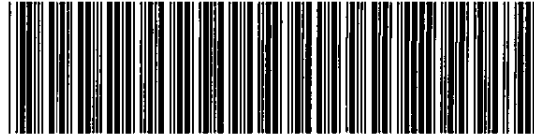
(Business Entity Name)

(Document Number)

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08 MAY 12 PM 2:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*077 Resign*  
C. Oodette MAY 19 2008

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Impact Shutter Technology, Inc.  
(Name of Corporation)

**DOCUMENT NUMBER:** P07000132197

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert L. Biferie

(Name of Person)

Robert L. Biferie CPA/PFS, LLC

(Name of Firm/Company)

301 N. Pine Meadow Drive, Suite A

(Address)

DeBary, FL 32713

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert L. Biferie

(Name of Person)

at ( 386 ) 668-6809

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**OFFICER / DIRECTOR RESIGNATION  
FOR A CORPORATION**

I, David Buzzella, hereby resign as Vice President & Director  
(Title)

of Impact Shutter Technology, Inc.  
(Name of Corporation)

P07000132197, a corporation organized under the laws of the State of  
(Document Number, if known)

Florida

  
(Signature of resigning officer/director)

**FILING FEE IS \$35.00**

**Make checks payable to Florida Department of State and mail to:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**FILED**  
**08 MAY 12 PM 2:05**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**