2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000066704

Entity Name: IMPACT PROPERTY MANAGEMENT, INC.

FILED Apr 24, 2009 Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
--	----------------------------

220 PLEASANT WOOD DRIVE 11212 REGATTA LANE WELLINGTON, FL 33414 WELLINGTON, FL 33449

Current Mailing Address: New Mailing Address:

220 PLEASANT WOOD DRIVE 11212 REGATTA LANE WELLINGTON, FL 33414 WELLINGTON, FL 33449

FEI Number: 32-0256087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BURRIS, KIRK R BURRIS, KIRK R 7901 LAKEWOOD COVE CT 11212 REGATTA LANE LAKE WORTH, FL 33467 US WELLINGTON, FL 33449

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: KIRK R. BURRIS 04/24/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: **PVST** (X) Change () Addition

HETZEL, PATRICIA S Name: Name: BURRIS, KIRK R 220 PLEASANT WOOD DRIVE 11212 REGATTA LANE Address: Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip: WELLINGTON, FL 33449

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

Name: BURRIS, KIRK R Name: 7901 LAKEWOOD COVE CT Address: Address: LAKE WORTH, FL 33467 City-St-Zip: City-St-Zip:

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

BURRIS, KIRK R Name: Name: 7901 LAKEWOOD COVE CT Address: Address: City-St-Zip: LAKE WORTH, FL 33467 City-St-Zip:

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

SHEA, THOMAS J Name: Name: Address: 229 GLEN EAGLES DRIVE Address: City-St-Zip: City-St-Zip: ATLANTIS, FL 33462

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

HETZEL, PATRICIA S Name: Name: 220 PLEASANT WOOD DRIVE Address: Address: City-St-Zip: WELLINGTON, FL 33414 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: KIRK R. BURRIS **PVST** 04/24/2009