


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90030 046 ***158.75

DOCUMENT # P93000066271		
1. Entity Name IMPULSE COMPUTER LABS, INC.		

Principal Place of Business 7491-C5 N FEDERAL HWY #161 BOCA RATON, FL 33487 US	Mailing Address 7491-C5 N. FEDERAL HWY #161 BOCA RATON, FL 33487 US
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2. Principal Place of Business 5399-103 POPPY PLACE	3. Mailing Address 49 PARKCREST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State DELRAY BEACH, FL	City & State IRVINE, CA
Zip 33484	Zip 92620
Country USA	Country USA

94021553



02052004 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent SIMS, KAREN 7491-C5 N. FEDERAL HWY BOCA RATON, FL 33487	
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7. Name and Address of New Registered Agent Name: GILDA GLICK Street Address (P.O. Box Number is Not Acceptable) 5399-103 POPPY PLACE City: DELRAY BEACH FL Zip Code: 33484	
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: <u>Gilda Glick</u> GILDA GLICK DATE: <u>2/12/04</u>	

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SIMS, KAREN 7491-C5 N. FEDERAL HWY #161 BOCA RATON, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SIMS, KAREN 49 PARKCREST IRVINE, CA 92620 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 all other like empowered.

SIGNATURE: <u>Karen Sims</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date: <u>2/12/04</u> 714-573-9008 Daytime Phone #
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