2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P93000066271

1. Entity Name IMPULSE COMPUTER LABS, INC.



FILED Apr 28, 2008 08:00 AN Secretary of State

Principal Place of Business

DELRAY BEACH, FL 33484

Mailing Address

5399-103 POPPY PL

49 PARKCREST IRVINE, CA 92620

US



DO NOT WRITE IN THIS SPACE

04222008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0442019

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Name and Address of Current Registered Agent

GLICK, GILDA 5399-103 POPPY PL DELRAY BEACH, FL 33484

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	named entity submits this statement for the pions of registered agent.	ourpose of changing its registere	d office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE Signeture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent and title if applicable.				required when reinstating)	DATE
FIL. After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finance Trust Fund Contribution.	cing 🔲	\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTS SIMS, KAREN 49 PARKCREST IRVINE, CA 92620				U00000930203 05/21/08-80099-016 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME					

DO NOT WRITE IN THIS SPACE

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 all other like empowered.

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP TIME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP