


**FILED**  
**Mar 03, 2008 8:00 am**  
**Secretary of State**

01-22-2008 90070 031 \*\*\*150.00

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|   |   |  |  |
|---|---|--|--|
| <b>DOCUMENT # P96000051471</b>  |   |   |  |
| 1. Entity Name<br><b>DIRECT IMPACT, INC.</b>  |   |  |  |
| Principal Place of Business<br><b>401 BRINDY AVE #404<br/>POMPANO BEACH, FL 33062</b>   |   | Mailing Address<br><b>3300 UNIVERSITY DR #305<br/>CORAL SPRINGS, FL 33065</b>  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>401 BRINY AVE #404</b>   |   | 3. Mailing Address<br>Suite, Apt. #, etc.  |  |
| City & State  |   | City & State   |  |
| Zip   | Country   | Zip  | Country  |
| 6. Name and Address of Current Registered Agent<br><b>STRASNER, MICHAEL<br/>401 BRINDY AVE #404<br/>POMPANO BEACH, FL 33062</b>   |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br><b>401 BRINY AVE #404</b><br>City<br><b>FL</b> Zip Code |  |
| 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 removing)<br>Signature, typed or printed name of registered agent and title if applicable DATE  |   |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be<br>Added to Fees  |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>STRASNER, MICHAEL<br>5884 NW 125TH TERR<br>CORAL SPRINGS, FL 33076 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>STRASNER, MICHAEL <input type="checkbox"/> Change <input type="checkbox"/> Addition<br>401 BRINY AVE #404<br>POMPANO BEACH FL 33062         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>DRUJON, ANITA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition<br>401 BRINY AVE #404<br>POMPANO BEACH FL 33062 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |
| 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: _____<br>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |   | Date <b>17 Jan 08</b><br>Daytime Phone #   |  |