

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000051471

Entity Name: DIRECT IMPACT, INC.

FILED  
Jan 12, 2009  
Secretary of State

## Current Principal Place of Business:

401 BRINY AVE #404  
POMPANO BEACH, FL 33062

## New Principal Place of Business:

1762 SW 35 AVE  
GAINESVILLE, FL 32608

## Current Mailing Address:

3300 UNIVERSITY DR #305  
CORAL SPRINGS, FL 33065

## New Mailing Address:

1818 UNIVERSITY DR #100  
CORAL SPRINGS, FL 33071

FEI Number: 65-0683340

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

STRASNER, MICHAEL  
401 BRINY AVE #404  
POMPANO BEACH, FL 33062 US

## Name and Address of New Registered Agent:

STRASNER, MICHAEL  
1762 SW 35 AVE  
GAINESVILLE, FL 32608 US

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:

01/12/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: STRASNER, MICHAEL  
Address: 401 BRINY AVE #404  
City-St-Zip: POMPANO BEACH, FL 33062

Title: VP ( ) Delete  
Name: DRUJON, ANITA  
Address: 401 BRINY AVE #404  
City-St-Zip: POMPANO BEACH, FL 33062

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: STRASNER, MICHAEL  
Address: 1762 SW 35 AVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: VP (X) Change ( ) Addition  
Name: DRUJON, ANITA  
Address: 1762 SW 35 AVE  
City-St-Zip: GAINESVILLE, FL 32608

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: ANITA DRUJON

VP

01/12/2009

Electronic Signature of Signing Officer or Director

Date