


**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90218 037 ***150.00

DOCUMENT # P9600063470	
1. Entity Name IMPACT PROTECTION, INC.	

DO NOT WRITE IN THIS SPACE

14006514

2. Principal Place of Business 71 FOXHALL LANE	3. Mailing Address 71 FOXHALL LANE
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State Palm Coast, Florida	City & State Palm Coast, Florida	4. FEI Number 651015954	Applied For Not Applicable
Zip 32137	Country Flagler	Zip 32137	Country Flagler
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent	
Name ALBERT I. CASKILL	
Street Address (P.O. Box Number is Not Acceptable) 71 FOXHALL LANE	
City PALM COAST, FLORIDA	FL Zip Code 32137

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 reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State</p>	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			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Secretary/Director Albert I. Caskill 71 Foxhall Lane Palm Coast, Florida 32137	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT?DIRECTOR PAUL CZETTO, JR. 163 Cocoa Drive Tavernier, Florida 33070
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Albert I. Caskill Secretary/Director *Albert I. Caskill* April 26, 2005 386 246-4211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #