## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000006496

Entity Name: FIRST IMPRESSIONS CREATIVE SERVICES, INC.

FILED Apr 21, 2008 Secretary of State

**Current Principal Place of Business:** New Principal Place of Business:

2417 N. FEDERAL HWY 807 LUCERNE AVENUE LAKE WORTH, FL 33460 US

SUITE W

LAKE WORTH, FL 33460 US

**Current Mailing Address: New Mailing Address:** 

807 LUCERNE AVENUE 2417 N. FEDERAL HWY

LAKE WORTH, FL 33460 US SUITE W

LAKE WORTH, FL 33460 US

FEI Number: 65-0722221 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

TRIOLO, PAMELA M TRIOLO, PAMELA M 2417 N. FEDERAL HWY 807 LUCERNE AVENUE

LAKE WORTH, FL 33460 US SUITE W LAKE WORTH, FL 33460 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: PAMELA M. TRIOLO 04/21/2008

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete Title: (X) Change ( ) Addition TRIOLO, PAMELA M TRIOLO, PAMELA M Name: Name: 2417 N. FEDERAL HWY 807-W LUCERNE AVENUE Address: Address: City-St-Zip: PALM BEACH, FL 33480 City-St-Zip: LAKE WORTH, FL 33460

( ) Delete Title: VΡ Title: VΡ (X) Change ( ) Addition

Name: TRIOLO, SANDRA P Name: TRIOLO, SANDRA P 2560 S OCEAN BLVD APT 204 Address: 2417 N. FEDERAL HWY Address: PALM BEACH, FL 33480 LAKE WORTH, FL 33460 City-St-Zip: City-St-Zip:

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.

Ρ SIGNATURE: PAMELA TRIOLO 04/21/2008