


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000043244

1. Entry Name
IMPACT SOFTWARE, INC.



Principal Place of Business 231 ALTRA AVENUE CORAL GABLES, FL 33146	Mailing Address 231 ALTRA AVENUE CORAL GABLES, FL 33146
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DO NOT WRITE IN THIS SPACE



01232004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0835402	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**PERDOMO, HECTOR
 231 ALTRA AVENUE
 CORAL GABLES, FL 33146**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature typed or printed name of registered agent if applicable. NOTE: Registered Agent signature required when registering.

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D PERDOMO, HECTOR 231 ALTRA AVENUE CORAL GABLES, FL 33146
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 05/03/04-00151-012 150.00

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 reports 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:  DATE: **4/26/04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #