

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000059072

FILED  
Apr 24, 2006  
Secretary of State

Entity Name: VIRTUAL IMPACT PRODUCTIONS, INC.

## Current Principal Place of Business:

400 GOLF BROOK CIR.  
#102  
LONGWOOD, FL 32779

## New Principal Place of Business:

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

## Current Mailing Address:

400 GOLF BROOK CIR.  
#102  
LONGWOOD, FL 32779

## New Mailing Address:

607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243

FEI Number: 59-3520955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBINSON, MICHELLE  
400 GOLF BROOK CIRCLE  
#104  
LONGWOOD, FL 32779 US

## Name and Address of New Registered Agent:

ROBINSON, MICHELLE  
607 ST. ANDREWS DRIVE  
SARASOTA, FL 34243 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:

04/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: ROBINSON, MICHELLE  
Address: 400 GOLF BROOK CIRCLE #102  
City-St-Zip: LONGWOOD, FL 32779

Title: D ( ) Delete  
Name: SLIDER, ROBERT  
Address: 400 GOLF BROOK CIRCLE #102  
City-St-Zip: LONGWOOD, FL 32779

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ROBINSON, MICHELLE  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

Title: D (X) Change ( ) Addition  
Name: SLIDER, ROBERT  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

Title: D ( ) Change (X) Addition  
Name: ROBINSON, STEFANIE  
Address: 607 ST. ANDREWS DRIVE  
City-St-Zip: SARASOTA, FL 34243

I hereby certify that the information supplied with this filing does not qualify for the 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: MICHELLE ROBINSON

PD

04/24/2006

Electronic Signature of Signing Officer or Director

Date