


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90293 020 ***150.00

DOCUMENT # P98000087830			
1. Entity Name HIGH IMPACT PRODUCTS, INC.			
Principal Place of Business 424 EAGLE CIR CASSELBERRY, FL 32707-4821		Mailing Address 424 EAGLE CIR CASSELBERRY, FL 32707-4821	
2. Principal Place of Business 252 Osprey Lakes Circle Suite, Apt. #, etc.		3. Mailing Address 252 Osprey Lakes Cir. Suite, Apt. #, etc.	
City & State Chuluota, Florida		City & State Chuluota, Florida	
Zip 32766		Zip 32766	
Country USA		Country USA	
4. FEI Number 59-3495479		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 ANDERSON, BOB 424 EAGLE CIR CASSELBERRY, FL 32707-4821		7. Name and Address of New Registered Agent Name: BOB ANDERSON Street Address (P.O. Box Number is Not Acceptable): 252 OSPREY LAKES CIRCLE City: CHULUOTA FL Zip Code: 32766	
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: <i>Bob Anderson</i> (NOTE: Registered Agent signature required when reinstating) DATE: 4-25-05			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST ANDERSON, BOB 424 EAGLE CIR CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 252 Osprey Lakes Cir. Chuluota, FL 32766
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, BOB 424 EAGLE CIR CASSELBERRY, FL 32707 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 252 Osprey Lakes Cir. Chuluota, FL 32766
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 Block 11 if changed, or on an attachment with an address with all other like empowered.			
SIGNATURE: <i>Bob Anderson</i> (NOTE: Signature and typed or printed name of signing officer or director)		Date: 4-25-05	