


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # F07000005592

1. Entity Name
IMPACT BUSINESS GROUP, INC.



Principal Place of Business
**4150 EAST BELTLINE NE
 SUITE 1
 GRAND RAPIDS, MI 49525**

Mailing Address
**4150 EAST BELTLINE NE
 SUITE 1
 GRAND RAPIDS, MI 49525**

DO NOT WRITE IN THIS SPACE



01032008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-2221874

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**TREWHELLA, MICHAEL
 1715 NORTH WESTSHORE BLVD
 SUITE 220
 TAMPA, FL 33607**

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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 _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2008 Fee will be \$550.00**

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

U00000909634
 05/06/08-80078-011 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	TREWHELLA, MICHAEL
STREET ADDRESS	4150 EAST BELTLINE NE, SUIE 1
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	VP
NAME	PEAL, MATTHEW
STREET ADDRESS	4150 EAST BELTLINE NE, SUIE 1
CITY-ST-ZIP	GRAND RAPIDS, MI 49525
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: Michael Trewhella 4/16/08 1616-254-8586

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