

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F05000005518  
 1. Entity Name  
 GREENLIGHT PROFESSIONAL SERVICES INC.



Principal Place of Business  
 SEA RAY, 200 SEA RAY DRIVE  
 MERRITT ISLAND, FL 32953

Mailing Address  
 SEA RAY, 200 SEA RAY DRIVE  
 MERRITT ISLAND, FL 32953



04182006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-1692845	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 and file if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

U00000527920  
 05/05/06-80016-005 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	NOYES, JAMES S
STREET ADDRESS	10 CORTHELL ROAD
CITY-ST-ZIP	NORTH BILLERICA, MA 01862
TITLE	VP
NAME	SOLAR, GERALD L
STREET ADDRESS	27C POWDERHOUSE ROAD
CITY-ST-ZIP	BOXFORD, MA 01921
TITLE	S
NAME	SOLAR, GERALD L
STREET ADDRESS	27C POWDERHOUSE DR
CITY-ST-ZIP	BOXFORD, MA 01921
TITLE	T
NAME	BANKS, EDWARD W
STREET ADDRESS	6 LOVIS AVENUE
CITY-ST-ZIP	WAKEFIELD, MA 01880
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: [Signature] 4/18/06 781-987-0330  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #