


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 06, 2008 08:00 A
Secretary of State

DOCUMENT # N97000004941 1. Entity Name ROAD TO ENLIGHTENMENT, INC.	
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Principal Place of Business 118 DEBUEL RD LUTZ FL 33549	Mailing Address 23 ESSEX HIGHLANDS ESSEX JUNCTION VT 05452
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/07)

4. FEI Number 59-3465854	<input type="checkbox"/> 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 LUTGEN, NEDA M 118 DEBUEL RD. LUTZ FL 33549	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City
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B. 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 has a red wavy line through it) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	
NAME	LUTGEN, NEDA M	NAME	
STREET ADDRESS	4605 HUNTSMAN COURT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	
NAME	LUTGEN, ENRIQUE A	NAME	
STREET ADDRESS	4605 HUNTSMAN COURT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	
NAME	LUTGEN, ALFREDO	NAME	
STREET ADDRESS	4605 HUNTSMAN COURT	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33624	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

000000849789 Change Addition
03/21/08-80034-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: Enrique Lutgen **LUTGEN, ENRIQUE.** 2/29/08 802-872-9148