

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000086984

Entity Name: JUPITER BULB, INC.

FILED
Mar 14, 2005
Secretary of State

Current Principal Place of Business:

4100 N. POWERLINE ROAD, SUITE H-5
POMPANO BEACH, FL 33073

New Principal Place of Business:

Current Mailing Address:

4100 N. POWERLINE ROAD, SUITE H-5
POMPANO BEACH, FL 33073

New Mailing Address:

FEI Number: 60-0000480

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRILL, THEODORE F ESQ.
8211 W. BROWARD BLVD., SUITE 360
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CIVIN, STANLEY
Address: 10382 BUENA VENTURA DRIVE
City-St-Zip: BOCA RATON, FL 33498

Title: VP () Delete
Name: GERSOWSKY, JAKE
Address: 4100 N POWERLINE RD STE H5
City-St-Zip: POMPANO BEACH, FL 33073

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JAKE GERSOWSKY

CFO

03/14/2005

_____ Electronic Signature of Signing Officer or Director

_____ Date