## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Feb 24, 2006 08:00 AM **DOCUMENT # P03000092015** Secretary of State LIGHTHOUSE PROPERTY INSPECTION SERVICES, INC. Principal Place of Susiness Mailing Address 8216 CONSTANCE DR. 8216 CONSTANCE DR. SARASOTA, FL 34243 SARASOTA, FL 34243 01232006 No Cha-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 68-0564879 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent UNGAR, JAMES W DO NOT WRITE 8216 CÓNSTANCE DR. SARASOTA, FL 34243 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 lamillar with, and accept SIGNATURE Symptom, byted or parted name of registred agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5,00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 U00000447006 Lrust Fund Contribution. Added to Fees 03/08/06-800**33-**014 150**.0**0 10. OFFICERS AND DIRECTORS TITLE UNGAR, JAMES W NAM 8218 CONSTANCE DR. STREET ADDRESS DITY-ST-ZIP SARASOTA, FL 34243 TITLE ACUAZZO, DENISE NAME STREET ADDRESS 8216 CONSTANCE DR. CITY-ST-709 SARASOTA, FL 34243 TITLE NAME STREET ADDRESS DO NOT WRITE C27Y-S7-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS City-St-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

DEMSE ACUAS 20

SIGNATURE:

TITLE
NAME
STREET ADDRESS
CITY-ST-DP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

INJULY COLLANG OFFICER OR DIRECTOR

2/20/06 359

FILED