


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90077 034 ***158.75

DOCUMENT # P05000051452				
1. Entity Name LIGHTHOUSE IRIS SERVICES, INC.				
Principal Place of Business 14155 SW 52 LN MIRAMAR, FL 33027 US		Mailing Address 14155 SW 52 LN MIRAMAR, FL 33027 US		
2. Principal Place of Business		3. Mailing Address		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		
City & State		City & State		
Zip	Country	Zip	Country	
6. Name and Address of Current Registered Agent JACOBO AND ASSOCIATES INC 6230 W 21 CT HIALEAH, FL 33016				7. Name and Address of New Registered Agent
				Name
				Street Address (P.O. Box Number is Not Acceptable)
				City
				FL Zip Code
4. FEI Number 20-2641172				
Applied For <input type="checkbox"/> Not Applicable				
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				
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 <u>Blanca Pena</u> <small>Signature, typed or printed name of registered agent and true if applicable.</small>				DATE <u>2-6-2006</u> <small>DATE</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENA, BLANCA		NAME	
STREET ADDRESS	14155 SW 52 LN		STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR, FL 33027		CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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 if changed, or on an attachment with an address, with all other like empowered.				
SIGNATURE: <u>Blanca Pena</u>				DATE: <u>2-6-2006</u>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Daytime Phone #</small> <u>305-431-9608</u>