
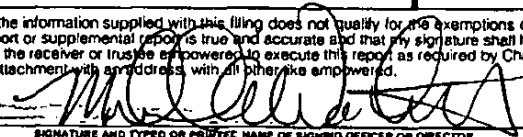


FILED
Jun 07, 2007 8:00 am
Secretary of State

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05-18-2007 90020 028 ***158.75

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000071887			
1. Entity Name LIGHTHOUSE REAL ESTATE SOLUTIONS, INC.			
Principal Place of Business 2229 RISING CREEK COURT DUNEDIN, FL 34698		Mailing Address 2229 RISING CREEK COURT DUNEDIN, FL 34698	
2. Principal Place of Business - No P.O. Box # 914 Curlew Road		3. Mailing Address	
Suite/Apt. #, etc. 413		Suite, Apt. #, etc.	
City & State Dunedin Florida		City & State	
Zip 34698		Country Pinellas	
6. Name and Address of Current Registered Agent WATKINS, MICHAEL A 2229 RISING CREEK COURT DUNEDIN, FL 34698		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when remaining)</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P WATKINS, MICHAEL A 2229 RISING CREEK COURT DUNEDIN, FL 34698	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	VP WATKINS, ELIZABETH A 2229 RISING CREEK COURT DUNEDIN, FL 34698	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		5-14-07-727-785-3283	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

bbU10440



05142007 Chg-P CRZE034 (12/06)

4. FEI Number **20-5185787** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional
 Fee Required