

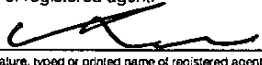



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # K79622 1. Entity Name - LIGHTHOUSE INVESTMENTS, INC.						FILED 05 OCT -3 PM 12:35 SECRETARY OF STATE TALLAHASSEE, FL 32399	
Principal Place of Business 260 CRANDON BLVD, UNIT 21 KEY BISCAVNE, FL 33149				Mailing Address 260 CRANDON BLVD, UNIT 21 KEY BISCAVNE, FL 33149			
2. Principal Place of Business 260 crandon Blvd. Suite, Apt. #, etc. unit 21		3. Mailing Address 260 crandon Blvd. Suite, Apt. #, etc. unit 21					
City & State Key Biscayne fl		City & State Key Biscayne fl		4. FEI Number 65-0173925		Applied For <input type="checkbox"/> Not Applicable	
Zip 33149		Country USA		Zip 33149		Country USA	
6. Name and Address of Current Registered Agent SURACE, ALESSANDRO 301 GULF ROAD KEY BISCAVNE, FL 33149				7. Name and Address of New Registered Agent Name Alessandro Surace Street Address (P.O. Box Number is Not Acceptable) 260 crandon Blvd, unit 21 City Key Biscayne FL Zip Code 33149			
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  09-26-05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by October 1, 2005				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 NAME STREET ADDRESS CITY - ST - ZIP	PD <input type="checkbox"/> Delete SURACE, GINO 301 GULF RD KEY BISCAVNE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500060212525 10/04/05--01046--015 **558.75		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD <input type="checkbox"/> Delete SURACE, ALESSANDRO 301 GULF ROAD KEY BISCAVNE, FL			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify 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 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: 				09-26-05			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>			