


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90022 014 \*\*\*\*61.25

<b>DOCUMENT # N05000000288</b>	
1. Entity Name <b>LOGE LES FILS DE LA LUMIERE, INC.</b>	

Principal Place of Business <b>402 W WATERS AVE TAMPA FL 33604</b>	Mailing Address <b>PO BX 17976 TAMPA FL 33682</b>
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2. Principal Place of Business - No P.O. Box # <b>2401 N. ALBANY AVE</b>	3. Mailing Address <b>8404 N. Highland Ave</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc. <b>Highland Ave</b>

1st MOORE CR2E037 (10/07)

City & State <b>Tampa FL</b>	City & State <b>Tampa FL</b>
Zip <b>33607</b>	Zip <b>33604</b>
Country <b>Hillsborough</b>	Country <b>Hillsborough</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>BASTIEN, GEORGES 11727 PURE PEBBLE DRIVE RIVERVIEW FL 33569</b>	
7. Name and Address of New Registered Agent Name <b>Marcellus Marc</b> Street Address (P.O. Box Number is Not Acceptable) <b>8404 N. Highland Ave</b> <b>Tampa FL</b> City <b>FL</b> Zip Code <b>33604</b>	

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MARCELLUS, MARC</b> <b>1323 TREASURE KEY COURT 8404 N. Highland Ave</b> <b>TAMPA FL 33612 33604</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DUBOIS, PIERRE J.</b> <b>5007 KNOLLWOOD PLACE</b> <b>TAMPA FL 33617</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BASTIEN, GEORGES</b> <b>11727 PURE PEBBLE DRIVE</b> <b>RIVERVIEW FL 33569</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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 exemptions contained in Section 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 617, 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:** Marcellus Marc **4-22-08** **813-728-2703**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #