

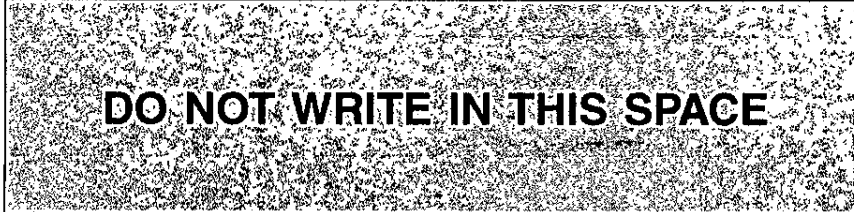
**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 A
Secretary of State

DOCUMENT # 274267 1. Entity Name HOUSE OF LIGHTS, INC.		
Principal Place of Business 1034 S HARBOR CITY BLVD MELBOURNE, FL 32901	Mailing Address 1034 S HARBOR CITY BLVD MELBOURNE, FL 32901	



04172008 No Chg-P CR2E034 (11/05)



4. FEI Number 59-1024178	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	
BRONSON, PHILLIP M 1034 S HARBOR CITY BLVD MELBOURNE, FL 32901	

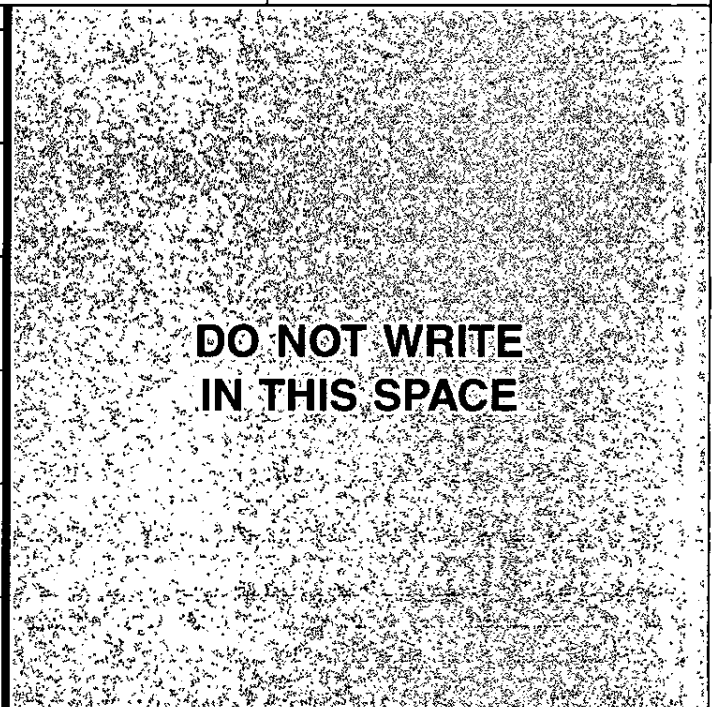


8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U00000908819 05/06/08-80045-010 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD BRONSON, PHILLIP M 280 POINCIANA DR INDIAN HARBOUR BC, FL,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	TD BRONSON, JOCELYN L 280 POINCIANA DR INDIAN HARBOUR BC, FL,
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE 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 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

320-723
4-17-08 8921
Date Daytime Phone #