

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

06 MAY -4 AM 10:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 292290 1. Entity Name LIGHTHOUSE TERRACE, INC.					
Principal Place of Business 2200 NE 36 ST. LIGHTHOUSE POINT, FL 33064 US				Mailing Address 2200 NE 36 ST. LIGHTHOUSE POINT, FL 33064 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address Suite, Apt. #, etc. City & State Zip		4. FEI Number 59-1791179	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIVISEK, FAITH 2160 NE 36TH ST. APT 32 POMPANO BEACH, FL 33064				7. Name and Address of New Registered Agent Name - ARCELLA, BETTY Street Address (P.O. Box Number is Not Acceptable) -2204 NE 36 TH STREET APT 26 City - LIGHTHOUSE POINT, FL Zip Code - 33064	
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>Betty C. Arcella</u> (NOTE: Registered Agent signature required when reinstating) DATE: 05/23/06					
Amended AR is \$61.25		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	S DIVISEK, FAITH 2160 36TH ST APT 32 LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIVISEK, FAITH 2160 NE 36 TH STREET APT 32 LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KASTELIC, DOLLY 2200 NE 36TH ST APT 24 LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ARCELLA, BETTY 2204 NE 36 TH STREET APT 26 LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SMITH, MARJANE 2202 NE 36TH STREET APT 19 LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALDINO, ANTHONY 2160 NE 36 TH STREET APT 39 LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CRABTREE, ELLEN 2202 NE 36TH ST APT 39 LIGHTHOUSE POINT, FL 33064	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GROSS, NORMAN 2204 NE 36 TH STREET APT 28 LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORKHEIMER, KEVIN 2134 NE 36TH ST APT 77 LIGHTHOUSE POINT, FL 33064	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PACINE, ANDREA 2132 NE 36 TH STREET APT 73 LIGHTHOUSE POINT, FLORIDA 33064	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALDINO, PETER 2202 NE 36TH STREET APT 23 LIGHTHOUSE POINT, FL 33064	<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 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>Betty C. Arcella</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date _____ Daytime Phone # _____					

5/16/06