

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 396412

FILED
Feb 15, 2007
Secretary of State

Entity Name: REMCRAFT LIGHTING PRODUCTS, INC.

Current Principal Place of Business:

12870 NW 45TH AVE
PO BOX 54 1487
MIAMI, FL 33054

New Principal Place of Business:

12870 NW 45TH AVE
MIAMI, FL 33054

Current Mailing Address:

12870 NW 45TH AVE
PO BOX 54 1487
MIAMI, FL 33054

New Mailing Address:

FEI Number: 31-0812626 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROBBOY, M J
12870 NW 45TH AVE
MIAMI, FL 33054 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEOD () Delete
Name: ROBBOY, MITCHELL J,
Address: 12870 N W 45TH AVE
City-St-Zip: MIAMI, FL 00000,

Title: D () Delete
Name: ROBBOY, STANLEY G.,
Address: 5 HAMPSHIRE CT
City-St-Zip: NEWPORT BEACH, CA

Title: D () Delete
Name: REIN, WILLIAM F.,
Address: 26201 RICHMOND RD.
City-St-Zip: CLEVELAND, OH

Title: S () Delete
Name: STEBNICKI, MAVIS,
Address: 12870 N W 45TH AVE
City-St-Zip: MIAMI, FL 00000,

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MITCHELL J. ROBBOY

CEOD

02/15/2007

Electronic Signature of Signing Officer or Director

_____ Date