

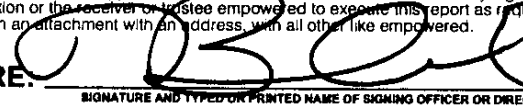


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 480091 1. Entity Name STEWART LIGHTING, INC.			
Principal Place of Business 8999 WESTERN WAY SUITE 100 JACKSONVILLE, FL 32256 US		Mailing Address 8999 WESTERN WAY SUITE 100 JACKSONVILLE, FL 32256 US	
DO NOT WRITE IN THIS SPACE			
		 02062007 No Chg-P CR2E034 (11/05)	
		4. FEI Number 59-1609733 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BLANCHARD, MARK D 1559 LAKE BEND PL ORANGE PARK, FL 32003		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE U00000647865 03/06/07-80088-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLANCHARD, MARK D 1559 LAKE BEND PL ORANGE PARK, FL 32003		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONGINO, STEVEN D 2402 MOLLY LANE GREEN COVE SPRINGS, FL 32043		
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		Date 2/22/07 Daytime Phone # 904-268-1818	