


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 545053</b>	
1. Entity Name <b>WORLD INSTITUTE OF LIGHTING &amp; DEVELOPMENT CORP.</b>	

Principal Place of Business <b>2242 WHITFIELD PARK LOOP SARASOTA, FL 34243 US</b>	Mailing Address <b>P.O. BOX 990 BRADENTON, FL 34206 US</b>
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DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>59-1760648</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LEETZOW, LORENCE E 2242 WHITFIELD PARK LOOP SARASOTA, FL 34243</b>
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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 \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LEETZOW, LORENCE E 6208 NINTH AVENUE WEST BRADENTON, FL 34209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP BOONE, SANDI K 106 17TH STREET NE BRADENTON, FL 34208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/11/06-80030-019 150.00

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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:** *Sandi K Boone VP* *SANDI K BOONE* *4/25/06 941-7552111*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #