2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730683

FILED Apr 20, 2006 Secretary of State

Entity Name: LIGHTHOUSE BONSAI SOCIETY, INC.

Current Principal Place of Business: New Principal Place of Business: 9085 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418 US **Current Mailing Address: New Mailing Address:** 9085 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418 US FEI Number: 65-0092087 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: FOURSA, VLADIMIR 9085 GREEN MEADOWS WAY PALM BEACH GARDENS, FL 33418 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition FOURSA, VLADIMIR Name: Name: 9085 GREEN MEADOWS WAY Address: Address: City-St-Zip: PALM BEACH GARDENS, FL 33418 US City-St-Zip: Title: Title: (X) Change () Addition () Delete BUD, SHAFER Name: ROSENBERG, RITA Name: Address: 11231 NW 24ST Address: 8070 FLORENZA DR. City-St-Zip: PLANTATION, FL 33323 City-St-Zip: BOYNTON BEACH, FL 33437 Title: () Delete Title: (X) Change () Addition MANDEL, NORMAN ORSOLEK, JOAN Name: Name: 6282 WINFIELD BLVD. Address: 7834 N.W. 78TH AVE Address: City-St-Zip: TAMARAC, FL 33321 City-St-Zip: MARGATE, FL 33063 Title: () Delete Title: (X) Change () Addition Name: ORSOLEK, STANLEY Name: STORKE, WILLIAM 7834 NW 78TH AVE Address: Address: 800 SW 21ST STREET City-St-Zip: TAMARAC, FL 33321 City-St-Zip: BOCA RATON, FL 33486 Title: () Delete Title: () Change () Addition BERNARD, KAYMAN Name: Name: 1200 S.OCEAN BLVD Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: () Delete Title: () Change () Addition HENDERSON, GEORGE Name: Name: Address: 2308 NE 20TH STREET Address: FT LAUDERDALE, FL 33305 City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FOURSA VLADIMIR D 04/20/2006