2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 857368

Address:

City-St-Zip:

Entity Name: THEATRICAL LIGHTING SYSTEMS INC.

FILED Apr 18, 2006 Secretary of State

Littly Nai	ille. ITILATA	ICAL LIGITTING STSTEWIS,	INC.		
Current Principal Place of Business:			New Principal Place of Business:		
	DAN LANE LLE, AL 35816	>			
Current Mailing Address:			New Mailing Address:		
P.O. BOX	DAN LANE 2646 LLE, AL 35804	1			
FEI Number:	: 63-0827951	FEI Number Applied For ()	FEI Number Not App	licable () Certificate of Status Desired ()	
Name and	l Address of (Current Registered Agent:	Name and	Address of New Registered Agent:	
	HN J ND VIEW DR. CITY, FL 3240	05 US			
	e named entity e of Florida.	submits this statement for the	e purpose of changing i	ts registered office or registered agent, or bot	
SIGNATU	RE:				
	Electron	nic Signature of Registered A	gent	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PD (MILLY, DAVID 4502 CHOCTA HUNTSVILLE, A	NCIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (MILLY, JANET 4502 CHOCTA HUNTSVILLE, A	N CIRCLE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST (MILLY, JANET 4502 CHOCTA 82,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zip:	V P () Change (X) Addition BROCK, GREGORY, 139 LYNN DRIVE NEW HOPE, AL 35760	
Title: Name:	() Delete	Title: Name:	VP () Change (X) Addition HAYES, ROBERTA A,	

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.

Address:

City-St-Zip:

15127 BALSAM DR HUNTSVILLE, AL 35803

SIGNATURE: ROBERTA A HAYES VP 04/18/2006