ANNUAL REPORT

FILED Apr 04, 2007 8:00 am Secretary of State 2007 FOR PROFIT CORPORATION DOCUMENT # F02000005217 04-04-2007 90188 044 ***150.00 LAMP EXPRESS USA, INC. Principal Place of Business Mailing Address 3835 N.W. BOCA RATON BLVD., SUITE 2000 3835 N.W. BOCA RATON BLVD., SUITE 2000 BOCA RATON, FL 33431 BOCA RATON, FL 33431 2. Principal Place of Business - No P.O. Box # 3. Mailing Address P.O. Box 812080 3125 NW 27th Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. 03202007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For Boca Raton, Boca Raton, FL06-0918532 Not Applicable Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33434 Palm Beach 33481 Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THEIMER, GERHARD 3835 N.W. BOCA RATON BLVD., SUITE 200C 3125 NW 27th Avenue BOCA RATON, FL 33431 Boca Raton 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 1. ** CP THEF Delete TITLE Change THEIMER, GERHARD NAME NAME 3125 NW 27th Avenue STREET ADDRESS 3835 N.W. BOCA RATON BLVD., SUITE 200C STREET ADDRESS Boca Raton, FL 33434 CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP THE □ Delete THILE Change - Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CCTY+ST-ZIP ☐ Detete MD F TIME Addition ___ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HILLE ☐ Delete TITLE Change -- Addition NAME STHEET AUDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP LITLE Delete TITLE Ti-Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete THE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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 pirector 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 oddess, with all other like empowered.

SIGNATURE: 2

Gerhard Theimer,