2005 FOR PROFIT CORPORATION ANNUAL REPORT

Aug 10, 2005 08:00 AM Secretary of State DOCUMENT # F04000001583 FROST LIGHTING COMPANY OF NEW YORK, INC. Principal Place of Business Mailing Address **57-01 37TH AVENUE** P.O. BOX 780167 WOODSIDE, NY 11377 MASPETH, NY 11378 07142005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 13-3311358 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DEAR, FRED DO NOT WRITE 4770 TREE FERN DRIVE DELRAY BEACH, FL 33445 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$550.00 \$5.00 May Be (1000001376090) Trust Fund Contribution. Due by September 7, 2005 Added to Fees 08/10/05-80001-019 55**0.**00 OFFICERS AND DIRECTORS 10. CVT TITEE NAME LEAHY, BRIAN STREET ADDRESS 355 SOUTH END AVENUE, APT. 34H NEW YORK, NY 10280 CATY-ST-ZIP TITLE KELLY, DAVID A NAME STREET ADDRESS 2240 NORTH RACINE CITY-ST-ZIP CHICAGO, IL 60614 TITLE MARKOWITZ, PETER NAME P.O. BOX 83 STREET ADDRESS DO NOT WRITE CITY-ST-ZIP FLEISCHMANNS, NY 12430 TITLE IN THIS SPACE NAME MAJOR, EDWARD 76 MILLER BLVD. STREET ADDRESS SYOSSET, NY 11791 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 07(3)(i). 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:

CITY-ST-ZIP

NATURE AND TYPED WA PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #