


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000001583 1. Entity Name FROST LIGHTING COMPANY OF NEW YORK, INC.	
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Principal Place of Business 57-01 37TH AVENUE WOODSIDE, NY 11377	Mailing Address P.O. BOX 780167 MASPETH, NY 11378
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DO NOT WRITE IN THIS SPACE



04282006 No Chg-P CR2E034 (11/05)

4. FEI Number 13-3311358	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DEAR, FRED 4770 TREE FERN DRIVE DELRAY BEACH, FL 33445

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstalling) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVT LEAHY, BRIAN 355 SOUTH END AVENUE, APT. 34H NEW YORK, NY 10280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC KELLY, DAVID A 2240 NORTH RACINE CHICAGO, IL 60614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARKOWITZ, PETER P.O. BOX 83 FLEISCHMANN'S, NY 12430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MAJOR, EDWARD 76 MILLER BLVD. SYOSSET, NY 11791
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 it 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: 	4/29/06	718 457 4506
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #