
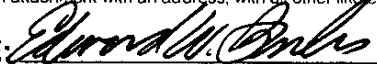


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90165 037 ***150.00

DOCUMENT # F05000005518 1. Entity Name GREENLIGHT PROFESSIONAL SERVICES INC.					
Principal Place of Business SEA RAY, 200 SEA RAY DRIVE MERRITT ISLAND, FL 32953			Mailing Address SEA RAY, 200 SEA RAY DRIVE MERRITT ISLAND, FL 32953		
2. Principal Place of Business - No P.O. Box # 225 Broadway		3. Mailing Address P.O. Box 2883			
Suite, Apt. #, etc. Suite 302		Suite, Apt. #, etc.			
City & State Methuen, MA		City & State Woburn, MA		4. FEI Number 20-1692845	
Zip 01844		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip 01844		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NOYES, JAMES S 10 CORTHELL ROAD NORTH BILLERICA, MA 01862	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Solar, Gerald L. 27C Powderhouse Drive Boxford, MA 01921
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SOLAR, GERALD L 27C POWDERHOUSE ROAD BOXFORD, MA 01921	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SOLAR, GERALD L 27C POWDERHOUSE DR BOXFORD, MA 01921	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Noyes, James S. 10 Corthell Road North Billerica, MA 01862
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BANKS, EDWARD W 6 LOVIS AVENUE WAKEFIELD, MA 01880	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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  Edward W. Banks <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				March 1, 2007 781-937-0330 <small>Date Daytime Phone #</small>	