2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005518

Entity Name: GREENLIGHT PROFESSIONAL SERVICES INC.

FILED May 01, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
225 BROA SUITE 302 METHUEI				
	Mailing Addre	ess:	New Mailing Address	3:
P.O. BOX	•		J	
FEI Number	r: 20-1692845	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of	Current Registered Agent:	Name and Address o	f New Registered Agent:
1200 SOL	PORATION SY JTH PINE ISLA TION, FL 3332	AND ROAD		
The above	e named entity	, aubmita this statement for the		
	te of Florida.	submits this statement for the j	purpose of changing its registered	d office or registered agent, or both,
	te of Florida.	submits this statement for the	purpose of changing its registered	d office or registered agent, or both,
in the Stat	te of Florida.	onic Signature of Registered Ag		d office or registered agent, or both, Date
in the Stat SIGNATU In accordar	te of Florida. IRE: Electro	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did n	ent	
in the Stat SIGNATU In accordar Election Ca	te of Florida. IRE: Electro	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did nong Trust Fund Contribution ().	ent ot receive the prior notice.	
in the Stat SIGNATU In accordar Election Ca	te of Florida. IRE: Electronce with s. 607.1 Impaign Financia IS AND DIRECTOR S (NOYES, JAMI 10 CORTHEL	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution (). CTORS:) Delete ES S	ent ot receive the prior notice.	Date
in the Stat SIGNATU In accordar Election Ca OFFICER Title: Name: Address:	te of Florida. Flectro Electro Conce with s. 607.1 Impaign Financia S AND DIRECT S (NOYES, JAMI 10 CORTHEL NORTH BILLE P (SOLAR, GERA	onic Signature of Registered Ag 93(2)(b), F.S., the corporation did no ng Trust Fund Contribution (). CTORS:) Delete ES S L ROAD :RICA, MA 01862) Delete ALD L RHOUSE ROAD	ent ot receive the prior notice. ADDITIONS/CHANGE Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: EDWARD W. BANKS TREA 05/01/2008