## **2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED** Feb 05, 2007 08:00 AM Secretary of State

DOCU	IMFI	NT	#1	F060	1000	101	597
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1. Entity Name NIGHTSCAPING, INC.



Principal Place of Business

1705 E. COLTON AVE. REDLANDS, CA 92374 Mailing Address

1705 E. COLTON AVE. REDLANDS, CA 92374



## DO NOT WRITE IN THIS SPACE

No Chg-P

CR2E034 (11/05)

4. FEI Number 95-2321698

Applied For Not Applicable

5. Certificate of Status Desired

\$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

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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	

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

REDLANDS, CA 92374

9. Election Campaign Financing

**《新生》。1985年,1987年1987年1987年1987年1987** \$5.00 May Be

Added to Fees

Trust Fund Contribution. 10. OFFICERS AND DIRECTORS CHRM TITLE LOCKLIN, WILLIAM J NAME 1705 E. COLTON AVE. STREET ADDRESS CITY-ST-ZIP REDLANDS, CA 92374 TITLE LOCKLIN, WILLIAM J NAME 1705 E. COLTON AVE. STREET ADDRESS REDLANDS, CA 92374 CITY-ST-ZIP ST TAN. SENG TEE NAME STREET ADDRESS 1705 E. COLTON AVE.

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DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filting 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 in address, with all other like empowered.

SIGNATURE:

C:TY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS