

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000002281

FILED
Jan 29, 2008
Secretary of State

Entity Name: UNDERWATER LIGHTS LIMITED, INC.

Current Principal Place of Business:

629 NE 3RD ST
DANIA BEACH, FL 33304

New Principal Place of Business:

Current Mailing Address:

629 NE 3RD ST
DANIA BEACH, FL 33304

New Mailing Address:

FEI Number: 20-8779194

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

URQUHART, PETER
629 NE 3RD ST
DANIA BEACH, FL 33304 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTC () Delete
Name: URQUHART, PETER
Address: GREAT DUNTON FORGE-LONDON RD-DUNTON GREEN
City-St-Zip: SEVENOAKES,KENT TN 13 2TD, XX

Title: VP () Delete
Name: URQUHART, PETER
Address: GREAT DUNTON FORGE-LONDON RD-DUNTON GREEN
City-St-Zip: SEVENOAKES,KENT TN 13 2TD, XX

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: PETER URQUHART

P

01/29/2008

Electronic Signature of Signing Officer or Director

Date