

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F07000002621

1. Entity Name
WAKELIGHT TECHNOLOGIES, INC.



Principal Place of Business
1515 S. MIRAMAR AVE.
INDIALANTIC, FL 32903

Mailing Address
1515 S. MIRAMAR AVE.
INDIALANTIC, FL 32903

**FILED
Mar 03, 2008 08:00 A
Secretary of State**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number
91-2175838

Applied For

Not Applicable

5. Certificate of Status Desired \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

HESS, JOY M.
1515 S. MIRAMAR AVE.
INDIALANTIC, FL 32903

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00 --
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVST
HESS, JOY M.
1515 S. MIRAMAR AVE.
INDIALANTIC, FL 32903

000000845405
03/13/08-80037-020 150.00

**DO NOT WRITE
IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: joy M Hess joy M Hess

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-27-08 (321) 739-9070

Date

Daytime Phone #