2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21167

FILED Jan 06, 2009 Secretary of State

Entity Name: LIGHTNING PROTECTION SYSTEMS, INC.

Current F	Principal Place	of Business:	New Principal Place	of Business:
	CHANGE AVE FL 34104			
Current Mailing Address:		New Mailing Address:		
	CHANGE AVE FL 34104			
FEI Numbe	r: 59-2062163	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)
Name an	d Address of C	Current Registered Agent:	Name and Address of	of New Registered Agent:
3040 OIL\	, LANCE J WELL RD.	10		
NAPLES,	FL 34104 L	JS		
The above			purpose of changing its registere	ed office or registered agent, or both,
The above	e named entity te of Florida. IRE:	submits this statement for the		ed office or registered agent, or both,
The above n the Stat	e named entity te of Florida. IRE: Electror	submits this statement for the		ed office or registered agent, or both, Date
The above n the Stat SIGNATU	e named entity te of Florida. JRE: Electror ampaign Financin	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	ent	Date
The above n the State SIGNATU	e named entity te of Florida. JRE: Electror Impaign Financin	submits this statement for the nic Signature of Registered Agg Trust Fund Contribution ().	ent ADDITIONS/CHANG	Date ES TO OFFICERS AND DIRECTOR
The above n the State SIGNATU Election Ca OFFICER Fitle:	e named entity te of Florida. IRE: Electror Impaign Financin RS AND DIREC DST (submits this statement for the nic Signature of Registered Agg Trust Fund Contribution (). TORS:	ent ADDITIONS/CHANG	Date
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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: TAMI FLEMING TRES 01/06/2009