

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**Aug 22, 2006 8:00 am**  
**Secretary of State**

08-22-2006 90029 022 \*\*\*150.00

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08172006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # F41292</b>					
1. Entity Name OLYMPIA LIGHTING PRODUCTS, INC.					
Principal Place of Business 2205 NW 30TH PL POMPAHO BEACH, FL 33069			Mailing Address 2205 NW 30TH PL POMPAHO BEACH, FL 33069		
2. Principal Place of Business 2301 NW 30TH PL Suite, Apt. #, etc.		3. Mailing Address 2301 NW 30TH PL Suite, Apt. #, etc.			
City & State POMPAHO Bch FL		City & State POMPAHO Bch, FL		4. FEI Number 59-2145907	
Zip 33069		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MCCORMICK, EDWARD J 2215 NW 30TH PLACE POMPAHO BEACH, FL			7. Name and Address of New Registered Agent Name: <u>SAMU</u> Street Address (P.O. Box Number is Not Acceptable): <u>2301 NW 30TH PLACE</u> City: <u>POMPAHO Bch</u> FL <u>33069</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MURCH, PAUL 2215 NW 30TH PLACE POMPAHO BEACH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2301 NW 30th PL POMPAHO Bch FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MURCH, SANDRA 2215 NW 30TH PLACE POMPAHO BEACH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2301 NW 30th PL POMPAHO Bch FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MURCH, WILLIAM 2215 NW 30TH PLACE POMPAHO BEACH, FL 00000, <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2301 NW 30th PL POMPAHO Bch, FL 33069		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u>Sandra Murch</u> <u>Sandra Murch</u> 8/17/06 954-949-1300 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					