

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000004938

Entity Name: STRAND LIGHTING INC.

FILED
Apr 24, 2007
Secretary of State

Current Principal Place of Business:

6603 DARIN WAY
CYPRESS, CA 90623

New Principal Place of Business:

Current Mailing Address:

10350 ORMSBY PARK PLACE
SUITE 601
LOUISVILLE, KY 40223

New Mailing Address:

FEI Number: 95-4596695 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: DIR () Delete
Name: POWERS, LARRY
Address: 10350 ORMSBY PARK PLACE STE 601
City-St-Zip: LOUISVILLE, KY 40223

Title: CFO () Delete
Name: FERKO, WILLIAM
Address: 10350 ORMSBY PARK PLACE STE 601
City-St-Zip: LOUISVILLE, KY 40223

Title: PRES () Delete
Name: CARSON, STEVE
Address: 10350 ORMSBY PARK PLACE STE 601
City-St-Zip: LOUISVILLE, KY 40223

Title: SEC () Delete
Name: ZACCAGNINI, RAYMOND
Address: 10350 ORMSBY PARK PLACE STE 601
City-St-Zip: LOUISVILLE, KY 40223

Title: VP () Delete
Name: SCHNEIDER, RON
Address: 10350 ORMSBY PARK PLACE STE 601
City-St-Zip: LOUISVILLE, KY 40223

Title: TREA () Delete
Name: WALLACE, LEVERDA
Address: 10350 ORMSBY PARK PLACE STE 601
City-St-Zip: LOUISVILLE, KY 40223

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: LEVERDA WALLACE

TRE

04/24/2007

Electronic Signature of Signing Officer or Director

_____ Date