

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89360

Entity Name: NEW LIGHT ELECTRIC, INC.

FILED
Feb 17, 2006
Secretary of State

Current Principal Place of Business:

2050 TILTON RD.
PORT ST. LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 8206
PORT ST. LUCIE, FL 34985 US

New Mailing Address:

FEI Number: 59-2687656 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VIGRASS, GARY JOE
2050 TILTON RD
SUITE 1
PORT ST LUCIE, FL 34952 US

Name and Address of New Registered Agent:

VIGRASS, GARY JOE
2050 TILTON RD
PORT ST LUCIE, FL 34952 US

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: _____

02/17/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: VIGRASS, GARY JOE,
Address: 2050 TILTON RD
City-St-Zip: PT. ST. LUCIE, FL 34952 US

Title: STD () Delete
Name: VIGRASS, CAMILLE JOA, N
Address: 2050 TILTON RD
City-St-Zip: PT. ST. LUCIE, FL 34952 US

Title: VPD () Delete
Name: VIGRASS, BRIAN CHRIS, TOPHER
Address: 709 BEACH CT.
City-St-Zip: FORT PIERCE, FL 34950 US

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:

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: GARY JOE VIGRASS

PD

02/17/2006

Electronic Signature of Signing Officer or Director

Date