2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H89360

Address:

City-St-Zip:

709 BEACH CT.

FORT PIERCE, FL 34950 US

FILED Jan 26, 2009 Secretary of State

Entity Nam	ne: NEW LI	GHT EL	ECTRIC, INC.			
Current Principal Place of Business:				New Principal F	New Principal Place of Business:	
2050 TILTO PORT ST. I	N RD. LUCIE, FL 3	34952	US			
Current Mailing Address:				New Mailing Ac	New Mailing Address:	
P. O. BOX 8 PORT ST. I	3206 LUCIE, FL 3	34985	US			
FEI Number:	59-2687656	FEI	Number Applied For()	FEI Number Not Applicable	() Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:				Name and Addı	Name and Address of New Registered Agent:	
VIGRASS, GARY JOE 2050 TILTON RD PORT ST LUCIE, FL 34952 US				2050 TILTON RE	VIGRASS, GARY , JOE 2050 TILTON RD PORT ST LUCIE, FL 34952 US	
The above in the State		y submit	s this statement for the pu	rpose of changing its reg	istered office or registered agent, or both,	
SIGNATURE: GARY J. VIGRASS					01/26/2009	
Electronic Signature of Registered Agent				t	Date	
Election Cam	paign Financi	ing Trust	Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CH	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (VIGRASS, GA 2050 TILTON PT. ST. LUCII	RD	952 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STD (VIGRASS, CA 2050 TILTON PT. ST. LUCII	RD	•	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	VPD (() Delete RIAN CHR	S, TOPHER	Title: Name:	() Change () Addition	

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.

Address:

City-St-Zip:

SIGNATURE: GARY J. VIGRASS PD 01/26/2009