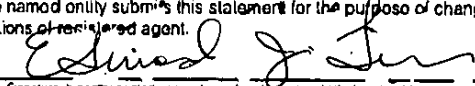
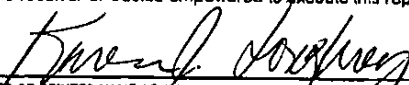


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)****FILED**
Mar 26, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000085688					
1. Entity Name BELLA LUNA LIGHTING & HOME ACCESSORIES, LLC					
Principal Place of Business 3046 DEL PRADO BLVD. SUITE 1A & 1B CAPE CORAL FL 33904			Mailing Address 3046 DEL PRADO BLVD. SUITE 1A & 1B CAPE CORAL FL 33904		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 16-1731313	
				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent LEWIS, ESMOND J ESQ. 4635 S. DEL PRADO BLVD. CAPE CORAL FL 33904			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 		DATE 2/13/07			
Signature, typewritten printed name of registered agent and title if applicable		(NOTE: Registered Agent signature required when reinstating)			
		FILE NOW!!! FEE IS \$50.00			
		Make Check Payable to Florida Department of State			
		Due By May 1, 2007			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR LOUGHREY, KAREN J 3046 DEL PRADO BLVD. SUITE 1A & 1B CAPE CORAL FL 33904 ☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	U000000879398 04/03/07-80036-01 ☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		DATE 3/21/07 (239)542-9009			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #			