

2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

08 APR 22 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04072008 Chg-P CR2E034 (12/06)

| | | | |
|--|---|---|---|
| DOCUMENT # M25139 | | | |
| 1. Entity Name LOUIS POULSEN LIGHTING INC. | | | |
| Principal Place of Business 3260 MERIDIAN PARKWAY FT LAUDERDALE, FL 33331 US | | Mailing Address 3260 MERIDIAN PARKWAY FT LAUDERDALE, FL 33331 US | |
| 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 NOT APPLICABLE | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | 7. Name and Address of New Registered Agent | |
| PEDERSEN, KENT S 3260 MERIDIAN PKWY FT. LAUDERDALE, FL 33331 | | 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 _____ (NOTE: Registered Agent signature required when not filing) | | | |
| Amended AR is \$61.25 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTS PEDERSEN, KENT S 3260 MERIDIAN PKWY FT. LAUDERDALE, FL 33331 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | PTSD PEDERSEN, KENT S 3260 MERIDIAN PKWY FORT LAUDERDALE, FL. 33331 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | C THORSEN, PETER 3260 MERIDIAN PKWY FORT LAUDERDALE, FL 33331 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | CD TARGETTI, LORENZO 3260 MERIDIAN PKWY FORT LAUDERDALE, FL. 33331 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LINDBERG, HANS 3260 MERIDIAN PKWY FORT LAUDERDALE, FL 33331 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | D LINDBERG, HANS 3260 MERIDIAN PKWY FORT LAUDERDALE, FL. 33331 <input checked="" 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 |
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| 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: | | 4-18-08 954-349-2525 | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date Daytime Phone # | |