2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003345

Entity Name: LIGHT INTERNATIONAL, INC.

Apr 23, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 49 SANDRA DRIVE JACKSONVILLE BEACH, FL 32250 **Current Mailing Address: New Mailing Address:** 49 SANDRA DRIVE JACKSONVILLE BEACH, FL 32250 FEI Number: 59-3689162 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CARSON, LARRY E 49 SANDRA DR. JACKSONVILLE BEACH, FL 32250 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete POLY, PAVEL MR. ROBERT, TRICE MR. Name: Name: 621 W. SURF SPRAY LANE Address: 6049 WINDING BRIDGE DR. Address: City-St-Zip: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: JACKSONVILLE, FL 32225 US Title: Title: (X) Change () Addition () Delete CARSON, LARRY T MR. Name: CARSON, LARRY T MR. Name: Address: 533 NE 87TH AVE. MSC#862 Address: 2512 SHERYL LANE City-St-Zip: PORTLAND, OR 97220 US City-St-Zip: TYLER, TX 75701 US Title: P/D () Delete Title: () Change () Addition CARSON, LARRY E REV. Name: Name: Address: 49 SANDRA DR. Address: City-St-Zip: JACKSONVILLE BEACH, FL 32250 US City-St-Zip: Title: D/ST () Delete Title: (X) Change () Addition Name: ALAN, CHERNOMASHENTS MR. Name: DAVID, MARTIN K MR. Address: 12851 CHET'S CR. DR. N. Address: 139 ISLAND DR. City-St-Zip: JACKSONVILLE, FL 32224 US City-St-Zip: PONTE VEDRA BEACH, FL 320872 US Title: (X) Delete Title: () Change () Addition MARTIN, DAVID K MR. Name: Name: 139 ISLAND DR. Address: Address: PONTE VEDRA BEACH, FL 32082 US City-St-Zip: 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LARRY E. CARSON P/D 04/23/2007