2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008
Secretary of State

DOCUMENT# N02000003537

Entity Name: LAMPSOURCE UNITED INC.

Current Principal Place of Business:

10557 NW 32 CT
CORAL SPRINGS, FL 33065

New Principal Place of Business:

Current Mailing Address:

10557 NW 32 CT
CORAL SPRINGS, FL 33065

New Mailing Address:

FEI Number: 03-0445475 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

THELEMAQUE, MARIE
10557 NW 32 CT
CORAL SPRINGS, FL 33065 US

Name and Address of New Registered Agent:

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:

Title: CFO ( ) Delete
Name: ROUMAIN, LISA
Address: 1144 SW 149 TERRACE
City-St-Zip: SUNRISE, FL 33326

Title: CEO ( ) Delete
Name: THELEMAQUE, MARIE A
Address: 10557 NW 32 CT
City-St-Zip: CORAL SPRINGS, FL 33065

Title: CIO ( ) Delete
Name: CHARLEUS, PAULETTE
Address: 4977 RIVERSIDE DR
City-St-Zip: CORAL SPRINGS, FL 33067

Title: COO ( ) Delete
Name: BORELAND, MICHELLE
Address: 9577 SEDGEWOOD DRIVE
City-St-Zip: LAKEWORTH, FL 33467

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:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIE ARNODE THELEMAQUE CEO 05/02/2008

Electronic Signature of Signing Officer or Director — Date