

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2008 APR 22 AM 11:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04142008 Chg-NP CR2E037 (12/06)

DOCUMENT # N02000006922 1. Entity Name THE LIGHT HOUSE GROUP USA, INC.																													
Principal Place of Business 15230 S RIVER DR MIAMI, FL 33169-6124			Mailing Address 15230 S RIVER DR MIAMI, FL 33169-6124																										
2. Principal Place of Business - No P.O. Box # 3810 NW 167th Street		3. Mailing Address 3810 NW 167th Street																											
Suite, Apt. #, etc.		Suite, Apt. #, etc.																											
City & State Opa Locka, Florida		City & State Opa Locka, Florida		4. FEI Number 02-0699981																									
Zip 33054		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																										
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																													
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> 10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">ST</td> <td style="width: 20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>WILSON, MARK E</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1245 NE 202 STREET</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>MIAMI, FL 33179</td> <td></td> </tr> </table> </div> <div style="width: 45%;"> 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 65%;">PSTD</td> <td style="width: 20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Wilson, Mark E.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>Miami, Florida 33179</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	ST	<input type="checkbox"/> Delete	NAME	WILSON, MARK E		STREET ADDRESS	1245 NE 202 STREET		CITY-ST-ZIP	MIAMI, FL 33179		TITLE	PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Wilson, Mark E.		STREET ADDRESS	Miami, Florida 33179		CITY-ST-ZIP		
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D HAZEL, JAMES 3031 NW 187TH STREET MIAMI, FL 33056		500125043585 04/22/08--01011--017 **61.25																											
D KING, SHERRY 805 TURNER CIRCLE HOMESTEAD, FL 33030		[Signature]																											
VSTD MANNERS-NICHOLLS, JANICE 15230 S RIVER DR MIAMI, FL 331696124		[Signature]																											
[Blank]		D Kuster, Steven 824 NE 205th Terrace, Miami, FL 33179																											
[Blank]		[Blank]																											

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 617, 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: Mark E. Wilson - MARK E. WILSON 4/17/08 (602) 213-3604

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #