2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000007535

Entity Name: LIGHTHOUSE FOR HIS LAMBS, INC.

FILED Apr 15, 2004 Secretary of State

Current Principal Place of Business:		New Principal Place of Business:	
13602 OLD FARM DR. TAMPA, FL 33625 US			
Current Mailing Address:		New Mailing Address:	
13602 OLD FARM DR. TAMPA, FL 33625 US			
FEI Number: 14-1893880	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:	
HALL, PHILIP M 13602 OLD FARM DR TAMPA, FL 33625 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:

Address:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

13602 OLD FARM DR

TAMPA, FL 33625 US

() Delete (X) Change () Addition HALL, PHILIP M RABASSA-RENTAS, EDWIN Name: Name: Address: 13602 OLD FARM DR Address: 2800 E. 113TH AVE #101 City-St-Zip: TAMPA, FL 33625 US City-St-Zip: TAMPA, FL 33612 US (X) Change () Addition Title: () Delete Title: AUGUSTIN, JOSEPH I Name: HALL, MOLLY K Name: Address: 13602 OLD FARM DR Address: C/O LYNX AIR BOX 407139 City-St-Zip: TAMPA, FL 33625 US City-St-Zip: FT LAUDERDALE, FL 33409 US Title: () Delete Title: (X) Change () Addition MATTNER, ARIEL L Name: LETTS, DAVID Name: 13602 OLD FARM DR 11653 HIDDEN HOLLOW CIR Address: Address: City-St-Zip: **TAMPA, FL 33625 US** City-St-Zip: TAMPA, FL 33635 US Title: () Change (X) Addition Title: () Delete Name: Name: HALL, PHILIP M

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Address:

City-St-Zip:

SIGNATURE: PHILIP HALL D 04/15/2004