

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000010017

FILED
Apr 05, 2007
Secretary of State

Entity Name: LIGHT THE WINDOW, INC

Current Principal Place of Business:

517 WEKIVA COVE RD.
LONGWOOD, FL 32779

New Principal Place of Business:

Current Mailing Address:

517 WEKIVA COVE RD.
LONGWOOD, FL 32779

New Mailing Address:

FEI Number: 20-5643055

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOODY, JOE W.
517 WEKIVA COVE RD.
LONGWOOD, FL 32779 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: PD () Delete
Name: MOODY, JOE
Address: 517 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

Title: DS () Delete
Name: MOODY, DIANE
Address: 517 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

Title: DT () Delete
Name: COLEMAN, GARY
Address: 517 WEKIVA COVE RD.
City-St-Zip: LONGWOOD, FL 32779

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:

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: JOE W. MOODY

PD

04/05/2007

Electronic Signature of Signing Officer or Director

Date