

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004294

Entity Name: LIGHT EDUCATION, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

3106 TANGLEWOOD DRIVE
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 15043
SARASOTA, FL 34277

New Mailing Address:

FEI Number: 65-0830968

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHULTE, MARCIA W
3106 TANGLEWOOD DR
SARASOTA, FL 34289 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: DVP () Delete
Name: SCHULTE, ALLAN A
Address: 3106 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: DPT () Delete
Name: SCHULTE, MARCIA W
Address: 3106 TANGLEWOOD DRIVE
City-St-Zip: SARASOTA, FL 34239

Title: DS () Delete
Name: OLIVIERI, BROOKE
Address: 6949 42ND COURT EAST
City-St-Zip: SARASOTA, FL 34243

Title: D () Delete
Name: DANIEL, GINGER
Address: 5049 HIGEL AVE
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: PAGE, EDWARD
Address: 5400 OCEAN BLVD, #101
City-St-Zip: SARASOTA, FL 34242

Title: D () Delete
Name: OLIVIERI, DAVID
Address: 6949 42ND COURT EAST
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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: MARCIA W. SCHULTE

D/P

04/23/2007

Electronic Signature of Signing Officer or Director

Date