2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # N97000004941 Feb 05, 2007 08:00 AM Secretary of State 1. Entity Name ROAD TO ENLIGHTENMENT, INC. Principal Place of Business Mailing Address 23 ESSEX HIGHLANDS ESSEX JUNCTION VT 05452 118 DEBUEL RD **LUTZ FL 33549** 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt #, etc. Suite, Apt. #, etc 1st MOORE CR2E037 (10/06) City & State City & State Applied For 4. FEI Number 59-3465854 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Dosired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Namo LUTGEN, NEDA M Stroot Address (P.O. Box Number is Not Acceptable) 118 DEBUEL RD. LUTZ FL 33549 Zip Codo City 8. The above named ontity 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 Signature, typod or punted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW: FEE IS \$61,25 \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. mor Delete Change ■ Addition 100 NAME LUTGEN, NEDA M NAMI STREET ADDRESS STREET ADDRESS 4605 HUNTSMAN COURT U00000624125 CHY+SI+/IP CHY-SI-ZIP **TAMPA FL 33624** ши ☐ Delete THILE Change Addition DVP NAMI NAMI LUTGEN, ENRIQUE A STREET ADDRESS STREET ADDRESS 4605 HUNTSMAN COURT CITY-ST /IP **TAMPA FL 33624** CITY-S1-7IP HHI Delete Change Addition DS NAME NAM LUTGEN, ALFREDO SELECT ADDRESS "Saint LAD<mark>Di</mark>n SS 4605 HUNISMAN ÇOURT CITY-SI-7IP CHY-ST-ZIP **TAMPA FL 33624** mu Delete 11111 ☐ Change Addition NAMI NAME STREET ADDRESS STREET ADDRESS CITY-SI-7PP CITY-S1-7/P ☐ Defete ☐ Change ■ Addition THE STREET ADDRESS STRUCT ADDRESS CITY-S1-7IP CITY-S1-ZIP Change ☐ Addition 11111 ☐ Delete THE NAME NAMI STRELL ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP

SIGNATURE: SIGNATURE: 211/07 802-872-9148

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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