2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 26, 2006
Secretary of State

DOCUMENT# N99000004822

Entity Name: LIGHT FOR THE BLIND, INC.

Current Principal Place of Business:

5004 DOLLARWAY CT.
TAMPA, FL 33624

New Principal Place of Business:

Current Mailing Address:

PO BOX 340388
TAMPA, FL 33694

New Mailing Address:

FEI Number: 59-3589926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

DAO, TAO
5004 DOLLARWAY CT.
TAMPA, FL 33624 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:	P	( ) Delete
Name:	DAO, TAO	
Address:	5004 DOLLARWAY CT.	
City-St-Zip:	TAMPA, FL 33624	
Title:	S,D	( ) Delete
Name:	YATES, DAVID	
Address:	1981 CASTILLE DRIVE	
City-St-Zip:	DUNEDIN, FL 34698	
Title:	D	( ) Delete
Name:	COLLIER, TERRY	
Address:	5230 DENVER ST NE	
City-St-Zip:	SAINT PETERSBURG, FL 33703	
Title:	D	( ) Delete
Name:	FOTH, STEVEN	
Address:	6004 WILLIAMSBURG WAY	
City-St-Zip:	TAMPA, FL 33625	
Title:	D	( ) Delete
Name:	DUONG, MAURICE	
Address:	5006 ABERDEEN CT	
City-St-Zip:	TAMPA, FL 33624	

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:		
Title:	D	(X) Change ( ) Addition
Name:	FOTH, STEVEN	
Address:	76-6311 HAKU PLACE	
City-St-Zip:	KAILUA-KONA, HI 96740	
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: DAVID YATES S 08/26/2006
Electronic Signature of Signing Officer or Director — Date