

FILED

Apr 25, 2007 08:00 A  
Secretary of State**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                          |                                                                                     |                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------------------|--------------------------------------------------------|
| <b>DOCUMENT # P00000034070</b><br>1. Entity Name<br>ANOTHER LIGHTING STORE, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                          |    |                                                        |
| Principal Place of Business<br>13270 SW 31 ST<br>UNIT 137<br>MIAMI, FL 33186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | Mailing Address<br>13270 SW 31 ST<br>UNIT 137<br>MIAMI, FL 33186                    |                                                        |
| <b>DO NOT WRITE IN THIS SPACE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                          |                                                                                     |                                                        |
| 04232007    No Chg-P    CR2E034 (11/05)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                          |                                                                                     |                                                        |
| 4. FEI Number<br>65-0997768                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                          |                                                                                     | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                          |                                                                                     | \$8.75 Additional Fee Required                         |
| 6. Name and Address of Current Registered Agent<br><br>CASAS, JOSE R<br>7377 S.W. 162 PTH<br>MIAMI, FL 33193                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                               |                                                        |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          |                                                                                     |                                                        |
| SIGNATURE _____<br><small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                          |                                                                                     |                                                        |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                          | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                        |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                          | - \$5.00 May Be Added to Fees                                                       |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | PD<br>CASAS, JOSE A<br>16640 SW 52 ST<br>MIAMI, FL 33185 | <b>DO NOT WRITE<br/>IN THIS SPACE</b>                                               |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                     |                                                        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                          |                                                                                     |                                                        |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                          |                                                                                     |                                                        |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                          | Date: 4/23/07    Daytime Phone #                                                    |                                                        |

 UD00000732362  
 05/09/07-80043-009 150.00