
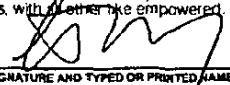


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FILED
Mar 28, 2002 8:00 am
Secretary of State

02-05-2002 90138 024 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000042866 ✓ 1. Entity Name Lighthouse Financial Group of Tennessee, Inc.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 4890 W. Kennedy Blvd. Suite, Apt. #, etc. 940 City & State Tampa, FL Zip 33609 Country USA		3. Mailing Address PO BOX 18512 Suite, Apt. #, etc. City & State Tampa, FL Zip 33679 Country USA	
4. FEI Number 59-3646441		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name Andrew J. Fracy			
Street Address (P.O. Box Number is Not Acceptable)			
4890 W. Kennedy Blvd #940			
City Tampa		FL	Zip Code 33609
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.			
SIGNATURE  DATE 1/17/02 <small>Signature, typed or printed name of registered agent and state if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>		January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$81.25 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
D May, Andrew J. 4890 W. Kennedy Blvd. #940 Tampa, FL 33609			
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.			
SIGNATURE: 		1/17/02 (813) 637-8305 Date Daytime Phone #	

CR2E034B (12/01)