2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000110484

140 MARITIME DRIVE

SANFORD, FL 32771 63

Address:

City-St-Zip:

Entity Name: INDUSTRIAL LIGHTING PRODUCTS INC

FILED Jan 30, 2006 Secretary of State

Littly Na	ille. INDOST	TRIAL LIGITING PRODUCTS	INC.			
Current P	rincipal Plac	ce of Business:	New Principal Place	New Principal Place of Business:		
140 MARITIME DRIVE SANFORD, FL 32771			SUITE 122	250 NATIONAL PLACE SUITE 122 LONGWOOD, FL 32750		
Current M	lailing Addre	ess:	New Mailing Addres	New Mailing Address:		
	TIME DRIVE D, FL 32771					
FEI Number	: 59-3699340	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:		
	NCE D TATE RD 434 OD, FL 3277					
	named entity e of Florida.	y submits this statement for the	purpose of changing its register	ed office or registered agent, or both,		
SIGNATUI	RE:					
	Electro	onic Signature of Registered A	gent	Date		
Election Car	mpaign Financi	ing Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (PLOURDE, V 148 MARITIM SANFORD, F	IE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (PLOURDE, JA 148 MARITIM SANFORD, F	IE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	VP (BRENNAN, M 148 MARITIM SANFORD, F	IE DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name:	VP (HENDREN, J	() Delete ASON MR	Title: VP Name: HENDREN	(X) Change()Addition I, JASON MR		

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: JASON HENDREN GM 01/30/2006

250 NATIONAL PLACE #122

LONGWOOD, FL 32750 63