2006 FOR PROFIT CORPORATION

ANNUAL REPORT				_		υο υδ:υυ Α
DOCUMENT # P01000061080			200	Secretary of State		
FRESHF	LIGHT DEVELOPMENT, INC.					
Principal Place 2601 E. HEN BLOG. A TAMPA, FL	WRY STREET	laiting Address PO BOX 360035 IAMPA, FL 33673				
				}		
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 59-372	er 26480	2E034 (11/05) Applied For Not Applicable \$8.75 Additional
				5. Certificate	of Status Desired	Fee Required
	5. Name and Address of Current Regi-	stered Agent	J	}-		
KELLEY, MICHAEL F PO BOX 360035 TAMPA, FL 33673			DO NOT WRITE IN THIS SPACE			
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 Signature, typed or minted name of registered agent and title if applicable. (NOTE: Registered Agent argenture required when re-installing) DATE						
FiL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.00	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be led to Fees		
10.	OFFICERS AND DIRE	CTORS	1		<u></u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HOSTETTLER, STEPHEN J JR 4642 E DON JOSE DRIVE TUCSON, AZ 85718				U00000462 03/21/06- 8 00	279 130-005 150,00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARDUCCI, MICHAEL J 1427 CLARION DR VALRICO, FL 33594					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST KELLEY, MICHAEL F PO BOX 360035 TAMPA, FL 33673			DO	NOT WRI	TE
77728 NAME STREET ADDRESS GITY-ST-ZIP				IN .	THIS SPAC	Œ
TITLE NAME STREET ADDRESS CITY-ST-ZIP						

12. I hereby certify that the information supplied with this fitting 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 607, 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.

SIGNATURE: _

7171.8 NAME STREET ADDRESS CITY-ST-ZIP

Muchant Colley Michael F Kelley March 3, 2006 813-232-1997
SIGNATURE AND TYPED OXPRINTED HAME OF SIGNING OFFICER OR DIRECTOR Days TO DETO DETO DESCRIPTION &