


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2006 8:00 am
Secretary of State

05-04-2006 90200 023 ***150.00

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| DOCUMENT # P01000073620 |  |
| 1. Entity Name LIGHTHOUSE ADVISORS, INC. | |

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| Principal Place of Business 2910 BAY TO BAY BV SUITE 200 TAMPA, FL 33629 | Mailing Address 2910 BAY TO BAY BV SUITE 200 TAMPA, FL 33629 |
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| 2. Principal Place of Business 2910 Bay to Bay Blvd Suite, Apt. #, etc. Suite 300 | 3. Mailing Address 2910 W. Bay to Bay Suite, Apt. #, etc. Suite 300 |
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|----------------------------------|---------------------------------|
| City & State Tampa, FL | City & State Tampa FL |
| Zip 33629 | Zip 33629 |
| Country | Country |



04262006 Chg-P CR2E034 (11/05)

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| 4. FEI Number 59-3741121 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 6. Name and Address of Current Registered Agent KARAMITSANIS, PETE I 3416 SOUTH VIRGINIA COURT TAMPA, FL 33629 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

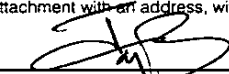
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P KARAMITSANIS, PETE I 3416 SOUTH VIRGINIA COURT TAMPA, FL 33629 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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 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:  **4/28/06** **873 3006022**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #