

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90357 037 \*\*\*150.00

<b>DOCUMENT # P01000073620</b>					
<b>1. Entity Name</b> LIGHTHOUSE ADVISORS, INC.					
<b>Principal Place of Business</b> 2910 BAY TO BAY BLVD SUITE 300 TAMPA, FL 33629			<b>Mailing Address</b> 2910 BAY TO BAY BLVD SUITE 300 TAMPA, FL 33629		
<b>2. Principal Place of Business - No P.O. Box #</b> 2216 S. Exmoor St		<b>3. Mailing Address</b> PO Box 18104			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b> Tampa FL		<b>City &amp; State</b> Tampa FL			
<b>Zip</b> 33629		<b>Zip</b> 33679		<b>4. FEI Number</b> 59-3741121	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> KARAMITSANIS, PETE I 3416 SOUTH VIRGINIA COURT TAMPA, FL 33629			<b>7. Name and Address of New Registered Agent</b> Name: Pete Karamitsanis Street Address (P.O. Box Number is Not Acceptable): 2216 S. Exmoor St. City: Tampa FL Zip Code: 33629		
<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.</b> SIGNATURE: <u>Pete Karamitsanis</u> DATE: <u>4/21/08</u> <small>Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
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	P Karamitsanis, Pete 2216 S. Exmoor St. Tampa, FL 33629	<input checked="" 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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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
<b>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.</b>					
<b>SIGNATURE:</b> <u>Pete Karamitsanis</u> <u>4/22/08</u> <u>(813)258-8005</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					