2004 FOR PROFIT CORPORATION

FILED ANNUAL REPORT (AR) Feb 17, 2004 8:00 am DOCUMENT # P01000074126 **Secretary of State** 1. Entity Name 02-17-2004 90040 030 ***150.00 SB LIGHTHOUSE GROUP, INC. Principal Place of Business Mailing Address 11891 U.S. HIGHWAY ONE 11891 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-1140892 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent -7. Name and Address of New Registered Agent - -RYAN, JAMES DESQ Street Address (P.O. Box Number is Not Acceptable) 11891 U.S. HIGHWAY ONE SUITE 201 NORTH PALM BEACH FL 33408 City 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 Signature, typed or printed name of registered agont and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE Delete Change BURKE, SEAN NAME OURTNEY LEE IDE 191 AIRPORT ROAD #C STREET ADDRESS STREET ADDRESS 178 Thornton Drive CITY-ST-ZIP HYANNIS MA 02601 CITY-ST-ZIP MA 02601 Hyannis ☐ Delete TITLE ☐ Change ☐ Addition RODOALPH, BRIAN NAME NAME 7 FIELD ISLAND POINT STREET ADDRESS STREET ADDRESS CITY-ST-7IP **SOUTH SANDWICH MA 02563** CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

RODO a/DG 2-11-04