## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P02000068368

Address:

City-St-Zip:

FILED Apr 16, 2009 Secretary of State

Entity Nai	me: LIGHTIN	G RESOURCES USA, INC.				
Current Principal Place of Business:			New Princ	New Principal Place of Business:		
126 W. VC DELAND,	ORHIS AVE FL 32720					
Current Mailing Address:			New Maili	New Mailing Address:		
945 FATIC DELAND,						
FEI Number: 04-3666215 FEI Number Applied For ( )		FEI Number Not Appl	icable ( ) Certificate of	Status Desired (X)		
Name and	Address of (	Current Registered Agent:	Name and	Name and Address of New Registered Agent:		
HUFFMAN 945 FATIC DELAND,		JS				
The above in the State	named entity e of Florida.	submits this statement for the p	ourpose of changing i	ts registered office or regist	ered agent, or both,	
SIGNATU	RE:					
	Electro	nic Signature of Registered Age	ent	Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	DP ( HUFFMAN, DE 945 FATIO RD DELAND, FL (		Title: Name: Address: City-St-Zip:	DP (X) Change ( ) Ad HUFFMAN, DENENE A 945 FATIO ROAD DELAND, FL 32720 US	dition	
Title: Name: Address: City-St-Zip:	VP ( ARRESEIGOR 945 FATIO RD DELAND, FL	•	Title: Name: Address: City-St-Zip:	VP (X) Change ( ) Ad ARRESEIGOR, DAVID 945 FATIO ROAD DELAND, FL 32720 US	dition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	S ( ) Change (X) Ad HUFFMAN, DENENE A 945 FATIO ROAD ORANGE CITY, FL 32720	dition	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	T () Change (X) Ad HUFFMAN, DENENE A 945 FATIO ROAD DELAND, FL 32720	dition	
Title: Name:	(	) Delete	Title: Name:	MGRM ( ) Change (X) Ad TREMBLAY, CHRISTOPHER	dition	

I hereby certify that the information supplied with this filing does not qualify 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:

121 UNION STREET

NORTH ADAMS, MA 01247

SIGNATURE: DENENE ANN HUFFMAN DP 04/16/2009