


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 14, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000097849 1. Entity Name LIGHT-SERVE, INC.	
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Principal Place of Business 1419 W. NEWPORT CENTER DRIVE SUITE #12 DEERFIELD BEACH, FL 33442	Mailing Address 1419 W. NEWPORT CENTER DRIVE SUITE # 12 DEERFIELD BEACH, FL 33442
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02112008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 51-0428045	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MARCUS, JOEL 676 W PROSPECT RD FT LAUDERDALE, FL 33309	DO NOT WRITE IN THIS SPACE
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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)
Signature, typed or printed name of registered agent and title if applicable. DATE _____

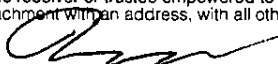
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LANASA, S.P. 1995 BONNIE ST. BOCA RATON, FL 33486
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P. WILLRUTH, BART 1001 N. RIO VISTA BLVD FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES TAYLOR, VALERIE 2615 N.E. 17TH ST. FT. LAUDERDALE, FL 33305
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC WILLRUTH, ROSE 1001 N. RIO VISTA BLVD FT. LAUDERDALE, FL 33301
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

U00000828342
02/25/08-80009-005 150.00

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:  **Bart Willruth** 2-11-08 954-429-0030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #