
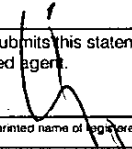
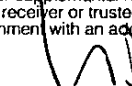


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90046 032 ***150.00

DOCUMENT # P02000108446					
1. Entity Name ILLUMINATED OBJECTS, INC.					
Principal Place of Business 2485 NW 33 ST SUITE 1607 OAKLAND PARK, FL 33309-6469			Mailing Address 2485 NW 33 ST SUITE 1607 OAKLAND PARK, FL 33309-6469		
2. Principal Place of Business 5519 N. MILITARY TRAIL		3. Mailing Address P.O. BOX 272041			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State BOCA RATON		City & State BOCA RATON FL			
Zip 33496	Country USA	Zip 33496	Country USA		
6. Name and Address of Current Registered Agent LIPINSKI, ADRIAN 2485 NW 33 ST SUITE 1607 OAKLAND PARK, FL 33309-6469			7. Name and Address of New Registered Agent Name: ADRIAN LIPINSKI Street Address (P.O. Box Number is Not Acceptable): 5519 N. MILITARY TRAIL City: BOCA RATON FL Zip Code: 33496		
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: 3/31/05					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPVS LIPINSKI, ADRIAN 2485 NW 33 STREET OAKLAND PARK, FL 333096469		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	
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	
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	
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	
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	
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.					
SIGNATURE:  ADRIAN LIPINSKI PRESIDENT DATE: 3/31/05					