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Secretary of State
05-27-2008 90044 046 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000108446

1. Entity Name
ILLUMINATED OBJECTS, INC.

66014986

05122008 Chg-P CR2E034 (12/06)

*Principal Place of Business	Mailing Address
6372 LA COSTA DRIVE 306 BOCA RATON, FL 33433	P.O. BOX 812612 BOCA RATON, FL 33481

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1444 DUCKHORN ST NW	1444 DUCKHORN ST NW
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CONCORD NC	City & State: CONCORD NC
Zip: 28027 Country: USA	Zip: 28027 Country: USA

4. FEI Number: 06-1652667 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LIPINSKI, ADRIAN 6372 LA COSTA DRIVE 306 BOCA RATON, FL 33433	Name: Yana Geberovich Street Address (P.O. Box Number Is Not Acceptable): 200 Leslie Dr. Apt 723 City: Hallandale FL Zip Code: 33009

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 ______ 5/10/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

~~FILE NOW!!! FEE IS $150.00~~ Due by September 12, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LIPINSKI, ADRIAN 6372 LA COSTA DRIVE APT 306 BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT LIPINSKI ADRIAN 1444 DUCK HORN ST NW CONCORD NC 28027	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SILVA BATISTA, TAINA 6372 LA COSTA DRIVE APT 306 BOCA RATON, FL 33433	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS SILVA BATISTA TAINA 1444 DUCK HORN ST NW CONCORD NC 28027	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: ______ ADRIAN LIPINSKI PT 5/10/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #