2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 13, 2006 08:00 AM Secretary of State DOCUMENT # P03000004818 1. Entity Name BRIGHT LIGHTS, INC. Mailing Address Principal Place of Business 7725 BOCKPORT CIRCLE LAKE WORTH, FL 33467 7725 ROCKPORT CIRCLE LAKE WORTH, FL 33467 প্রতিষ্ঠান কর্মানীর **এলত প্রায়ে মৃত্যু প্রভাগর ক্রি** বিভিন্ন জ্ঞানিকালে বিভাগনিক স্থান্তর স্থান CR2E034 (11/05) 04052008 No Cha-P DO NOT WRITE IN THIS SPACE Applied For 4. FEt Number 57-1145419 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent MAGID, ADAM DO NOT WRITE 7725 ROCKPORT CIRCLE IN THIS SPACE LAKE WORTH, FL 33467 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Floridal, I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Standard, typed or printed name of requirered agent and title if applicable. INCITE: Registered Agent signature required when reinstating) \$5.00 мау Де Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Added to Fees Trust Fund Contribution. OFFICERS AND DIREC .10. 3 (TGT) NAME MAGID, ADAM 7725 ROCKPORT CIRCLE STREET ADDRESS CDY-ST-ZP LAKE WORTH, FL 33467 MLE U000000505349 NA RAY 04/26/06-80113-009 158.75 STREET ADDRESS CITY-ST-ZIP mus STREET ADDRESS DO NOT WRITE CITY-SI-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADORESS CHY-SI-ZP NAME STREET ADDRESS CITY-ST-ZIP 12. I horoby certify that the information supplied with this filling 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.

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

4-10-06