

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000024543

FILED
Jan 06, 2011
Secretary of State

Entity Name: LIGHTNING LIEN LETTERS INC.

Current Principal Place of Business:

1909 TYLER ST
#302
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

1909 TYLER ST
#302
HOLLYWOOD, FL 33020

New Mailing Address:

1909 TYLER STREET
302
HOLLYWOOD, FL 33020

FEI Number: 01-0770726

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STIBER, WILLIAM H
1314 WASHINGTON STREET
HOLLYWOOD, FL 33019 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: STIBER, WILLIAM H
Address: 1314 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: VP
Name: STIBER, WILLIAM H
Address: 1314 WASHINGTON
City-St-Zip: HOLLYWOOD, FL 33019

Title: SEC
Name: STIBER, WILLIAM H
Address: 1314 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: TREA
Name: STIBER, WILLIAM H
Address: 1314 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: SEC.
Name: STIBER, WILLIAM H
Address: 1314 WASHINGTONN STREET
City-St-Zip: HOLLYWOOD, FL 33019

Title: SEC
Name: STIBER, WILLIAM H
Address: 1314 WASHINGTON STREET
City-St-Zip: HOLLYWOOD, FL 33019

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM H. STIBER

PRES

01/06/2011

Electronic Signature of Signing Officer or Director

Date