## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P03000061791

Entity Name: LIGHTING SOLUTIONS AND DESIGN, INC.

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	ETRO PKWY ERS, FL 33966	3			
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
	ETRO PKWY ERS, FL 33966	5			
FEI Number:	13-4253068	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and Address of	New Registered Agent:	
STAMBOULY, LYNNE 11780 B METRO PKWY FORT MYERS, FL 33912 US				STAMBOULY, LYNNE 11780 B METRO PKWY FORT MYERS, FL 33966 US	
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				04/18/2008	
	Electron	ic Signature of Registered Age	ent	Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () STAMBOULY, L 11780 B METRO FORT MYERS,	PKWY	Title: ( Name: Address: City-St-Zip:	) Change ()Addition	
Title: Name: Address: City-St-Zip:	VPSD () STAMBOULY, C 11780 B METRO FORT MYERS,	PKWY	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () ROTH, DOUGLA 11780 B METRO FORT MYERS,	PKWY	Title: ( Name: Address: City-St-Zip:	) Change ( ) Addition	
Title: Name: Address:	S () BOLLING, CARI 11780 B METRO		Title: ( Name: Address:	) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

City-St-Zip:

SIGNATURE: CARL BOLLING S 04/18/2008

FORT MYERS, FL 33966

City-St-Zip: