

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90406 044 \*\*\*150.00

<b>DOCUMENT # P03000065683</b> 1. Entity Name <b>L L LIGHTING RESOURCES, INC.</b>					
Principal Place of Business <b>1839 IONIA STREET JACKSONVILLE, FL 32206</b>			Mailing Address <b>1839 IONIA STREET JACKSONVILLE, FL 32206</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-2672445</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>MARTIN, JOHNE K C/O JOHNE'S BANKRUPTCY &amp; MORE SERVICE 1315-1 LANE AVENUE SOUTH JACKSONVILLE, FL 32205</b>				7. Name and Address of New Registered Agent Name <b>Martin, Johnel K.</b> Street Address (P.O. Box Number is Not Acceptable) <b>40 Law Office J. Garfield Hurt &amp; Assoc.</b> <b>7952 Normandy Boulevard</b> City <b>Jacksonville</b> <b>FL</b> Zip Code <b>32221</b>	
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 <u><i>Johnel K. Martin</i></u> - <u>Johnel K. Martin, Registered Agent</u> <u>4/19/06</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PSD LEDBETTER, DAVID A JR. 1839 IONIA STREET JACKSONVILLE, FL 32206	<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	VTD LEONARD, ALLEN W 1839 IONIA STREET JACKSONVILLE, FL 32206	<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	
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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 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: <u><i>Allen W. Leonard</i></u> - <u>Allen W. Leonard, Vice-President/Director</u> <u>4/19/06</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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04192006 Chg-P CR2E034 (11/05)

(904) 355-3490