


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2006 8:00 am
Secretary of State

07-11-2006 90015 027 ***150.00

DOCUMENT # P03000077918 1. Entity Name COMMERCIAL LIGHTING RESOURCES, INC.					
Principal Place of Business 5127 WEST HANNA AVENUE TAMPA, FL 33634			Mailing Address 5128 WEST HANNA AVENUE TAMPA, FL 33634		
2. Principal Place of Business <u>5001 W Rio Vista Ave</u> Suite, Apt. #, etc.		3. Mailing Address <u>5001 W Rio Vista Ave</u> Suite, Apt. #, etc.			
City & State <u>Tampa FL</u> Zip <u>33634</u> Country		City & State <u>Tampa FL</u> Zip <u>33634</u> Country		4. FEI Number 20-0088293 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07062006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent COLE, JUNE A 13920 PEPPERRELL DRIVE TAMPA, FL 33624			7. Name and Address of New Registered Agent Name <u>Harold R. Cole</u> Street Address (P.O. Box Number is Not Acceptable) <u>13920 Pepperrell Dr</u> City <u>Tampa</u> FL Zip Code <u>33624</u>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	CEO COLE, JUNE A 13920 PEPPERRELL DR. TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLE, RALPH 13920 PEPPERRELL DR. TAMPA, FL 33624	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COLE, JUNE A 13920 PEPPERRELL DR. TAMPA, FL 33624	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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>[Signature]</u> <u>7/6/06</u> <u>813-886-6300</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					