2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000022147

Title:

Name:

Address: City-St-Zip: FILED May 25, 2005 Secretary of State

Entity Name: LIGHTHOUSE TAXI, INC. **Current Principal Place of Business: New Principal Place of Business:** 1417 FORSYTHE RD. WEST PALM BCH., FL 33405 **Current Mailing Address: New Mailing Address:** PO BOX 980 BOYNTON BEACH, FL 33435 FEI Number: 59-3783385 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: KOCHERSPERGER, RICHARD D 514 S.E. 5TH. CIR BOYNTON BCH., FL 33435 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KOCHERSPERGER, RICHARD Name: Name: 514 SE 5TH CIR. Address: Address: BOYNTON BEACH, FL 33435 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KOCHERSPERGER, DIANA Name: Name: 514 SE 5TH CIR. Address: Address: BOYNTON BEACH, FL 33435 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition KRAJEWSKI, DEBORAH Name: Name: 514 S.E 5TH, CIR. Address: Address: City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: Title: () Delete Title: (X) Change () Addition QUESENBERRY, ROBERT KOCHERSPERGER, DIANA Name: Name: Address: 514 SE 5TH CIR. Address: 514 SE 5TH CIR City-St-Zip: BOYNTON BEACH, FL 33435 City-St-Zip: BOYNTON BEACH, FL 33435

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DIANA KOCHERSPERGER V 05/25/2005

() Delete

MCDONOUGH, MICHAEL S

BOYNTON BEACH, FL 33435

514 SE 5TH CIRCLE

() Change () Addition