2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005
Secretary of State

DOCUMENT# P04000024141

Entity Name: T-LITE CORPORATION

Current Principal Place of Business:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Principal Place of Business:

66 N HOLIDAY RD
DESTIN, FL 32550

Current Mailing Address:

40001 EMERALD COAST PARKWAY
DESTIN, FL 32541

New Mailing Address:

66 N HOLIDAY RD
DESTIN, FL 32550

FEI Number: 90-0141338 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHEYD, JOSEPH M JR
1221 AIRPORT RD
SUITE 209
DESTIN, FL 32541 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: HASKINS, BRIAN
Address: 40001 EMERALD COAST PARKWAY
City-St-Zip: DESTIN, FL 32541

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: HASKINS, BRIAN
Address: 66 N HOLIDAY RD
City-St-Zip: DESTIN, FL 32550

Title: COO ( ) Change (X) Addition
Name: CARLOZZI, SARA
Address: 56 CEDAR PLACE
City-St-Zip: FREEPORT, FL 32439

Title: D ( ) Change (X) Addition
Name: WILLIAMS, BRAIN
Address: 270 VININGS WAY, #4-105
City-St-Zip: DESTIN, FL 32541

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.

SIGNATURE: SARA CARLOZZI COO 04/26/2005

Electronic Signature of Signing Officer or Director — Date