2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024141

Entity Name: T-LITE CORPORATION

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 66 N HOLIDAY RD DESTIN, FL 32550 **Current Mailing Address: 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: Name and Address of New Registered Agent: SCHEYD, JOSEPH M JR 1221 AIRPORT RD SUITE 209 DESTIN, FL 32541 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 Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HASKINS, BRIAN HASKINS, BRIAN Name: Name: 66 N HOLIDAY RD 66 N HOLIDAY RD Address: Address: City-St-Zip: DESTIN, FL 32550 City-St-Zip: DESTIN, FL 32550 US COO Title: COO Title: () Delete (X) Change () Addition Name: CARLOZZI, SARA Name: CARLOZZI, SARA 56 CEDAR PLACE 56 CEDAR PLACE Address: Address: FREEPORT, FL 32439 FREEPORT, FL 32439 US City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: WILLIAMS, BRAIN WILLIAMS, BRAIN Name: Name: 270 VININGS WAY, #4-105 270 VININGS WAY, #4-105 Address: Address: City-St-Zip: DESTIN, FL 32541 City-St-Zip: DESTIN, FL 32541 US Title: () Delete Title: CEO () Change (X) Addition WILLIAMS, THOMAS E Name: Name: Address: Address: 4070 DANCING CLOUD CT, APT 190 City-St-Zip: City-St-Zip: DESTIN, FL 32541 US Title: Title: () Change (X) Addition () Delete TITUS, AIMEE Name: Name: Address: 95 BAY GROVE RD Address: FREEPORT, FL 32439 US City-St-Zip: City-St-Zip: Title: () Delete Title: () Change (X) Addition HOGAN, WILLIAM Name: Name: 16 RUE D' ETRETAT Address: Address: City-St-Zip: City-St-Zip: DESTIN, FL 32541 US

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: SARA CARLOZZI COO 04/25/2006