

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000024141

Entity Name: T-LITE CORPORATION

FILED
Jan 26, 2007
Secretary of State

Current Principal Place of Business:

66 N HOLIDAY RD
DESTIN, FL 32550

New Principal Place of Business:

Current Mailing Address:

66 N HOLIDAY RD
DESTIN, FL 32550

New Mailing Address:

FEI Number: 90-0141338

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: 66 N HOLIDAY RD
City-St-Zip: DESTIN, FL 32550 US

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

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

Title: CEO () Delete
Name: WILLIAMS, THOMAS E
Address: 4070 DANCING CLOUD CT, APT 190
City-St-Zip: DESTIN, FL 32541 US

Title: D () Delete
Name: TITUS, AIMEE
Address: 95 BAY GROVE RD
City-St-Zip: FREEPORT, FL 32439 US

Title: D () Delete
Name: HOGAN, WILLIAM
Address: 16 RUE D' ETRETAT
City-St-Zip: DESTIN, FL 32541 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

01/26/2007

Electronic Signature of Signing Officer or Director

Date