2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000058644

City-St-Zip:

CASSELBERRY, FL 32707

Entity Name: LIGHTHOUSE CONSULTING AGENCY, INC.

FILED Jun 29, 2005 Secretary of State

Littly Nai	ile. LIGHTING	JUSE CONSULTING AGENCT,	INC.		
Current Principal Place of Business:			New Principal Place o	New Principal Place of Business:	
	H JERICO DR ERRY, FL 327				
Current Mailing Address:			New Mailing Address:	New Mailing Address:	
946 NORTH JERICO DR CASSELBERRY, FL 32707			SUITE 270	5840 RED BUG LAKE ROAD SUITE 270 WINTER SPRINGS, FL 32708	
FEI Number:	47-0940368	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
SPIEGEL 8 1840 SW 2 4TH FLOO MIAMI, FL	R	Α.			
The above in the State	named entity : of Florida.	submits this statement for the pu	urpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			nt	Date	
		3(2)(b), F.S., the corporation did not g Trust Fund Contribution ().	receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () MOHAMMED, A 946 NORTH JE CASSELBERR	RICO DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (X JAMES, OSBO 946 NORTH JE CASSELBERR	RICO DR	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	STD () MOHAMMED, J		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: AZAD MOHAMMED PRES 06/29/2005