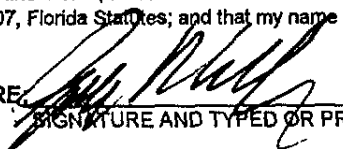


**FOR PROFIT CORPORATION..  
UNIFORM BUSINESS REPORT (UBR)**

**FILED** ATX1  
**Mar 16, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT #</b> P04000088877			
<b>1. Entity Name</b>			
THUNDER AND LIGHTNING INC			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>	
70 DOLPHIN BLVD E			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
PONTE VEDRA BEACH, FL			
Zip	Country	Zip	Country
32082			
		<b>4. FEI Number</b>	<b>Applied For</b>
		76-0760612	Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			<b>\$8.75 Additional Fee Required</b>
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b>			
CORDRAY, GREGORY R.			
<b>Street Address (P.O. Box Number is Not Acceptable)</b>			
70 DOLPHIN BLVD E			
<b>City</b>		<b>FL</b>	<b>Zip Code</b>
PONTE VEDRA BEACH			323082
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b>			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) <b>DATE</b>			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make Check Payable to Florida Department of State			
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b>	<b>ID</b>	<b>TITLE</b>	<b>11.</b>
<b>NAME</b>	CORDRAY, GREGORY R.	<b>NAME</b>	
<b>STREET ADDRESS</b>	70 DOLPHIN BLVD E	<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	PONTE VEDRA BEACH, FL 32082	<b>CITY-ST-ZIP</b>	
<b>TITLE</b>		<b>NAME</b>	00000026522B
<b>NAME</b>		<b>STREET ADDRESS</b>	03/16/05-30048-002 150.00
<b>STREET ADDRESS</b>		<b>CITY-ST-ZIP</b>	
<b>CITY-ST-ZIP</b>		<b>TITLE</b>	
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
		<b>TITLE</b>	
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
		<b>TITLE</b>	
		<b>NAME</b>	
		<b>STREET ADDRESS</b>	
		<b>CITY-ST-ZIP</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE</b>	GREGORY R. CORDRAY		<b>Date</b>
			03/14/05
<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>			<b>Daytime Phone #</b>