

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

FILED ATX1
Apr 26, 2007 08:00 A
Secretary of State

DOCUMENT # P04000088877
1. Entity Name THUNDER AND LIGHTNING INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 70 DOLPHIN BLVD E Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State PONTE VEDRA BEACH, FL	City & State
Zip 32082	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 76-0760612	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name CORDRAY, GREGORY R.
Street Address (P.O. Box Number is Not Acceptable) 70 DOLPHIN BLVD E
City PONTE VEDRA BEACH
State FL
Zip Code 32082

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.


SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

<p>January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25</p> <p>Make Check Payable to Florida Department of State</p>

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11.	
TITLE D	NAME CORDRAY, GREGORY R.	TITLE	NAME
STREET ADDRESS 70 DOLPHIN BLVD E	CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	STREET ADDRESS	CITY-ST-ZIP

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.

SIGNATURE:  **GREGORY R. CORDRAY** 04/15/07 904 254-4151
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #