## 2006 FOR PROFIT CORPORATION

## FILED Mar 16, 2006 08:00 AM Secretary of State

	ANNUAL R	EPORT		_	Secr	etary of State
DOCU	MENT # P0400011627		}		v	
	IGHT STRATEGIES, INC.	<u></u>				
Principal Plac	ce of Business M	alling Address		} `		
5095 S WASHINGTON AVE SUITE 203 5095 S WASHINGTON AVE SUI TITUSVILLE, FL 32780 TITUSVILLE, FL 32780			TE 203			
				01042006	No Chg-P	CR2E034 (11/05)
E	OO NOT WRITE I	CE	4. FEI Number 20-154		Applied For Not Applicable	
					of Status Desired	\$8.75 Additional Fee Required
	8. Name and Address of Current Regis	stered Agent	-			
MANZO, RICHARD A 5095 S WASHINGTON AVE SUITE 203 TITUSVILLE, FL 32780			DO NOT WRITE IN THIS SPACE			
	e namea entity submits this statement for the tions of registered agent.	ourpose of changing its register	ed office or register	ed agent, or bo	th, in the State of Fic	orida. I am familiar with, and accept
SIGNATURE.	Signature, typed or painted name of registered agent and little	Kapplicable. (NOTE, Registere	xi Agent signatura геспілас	i when reinstating)		DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution.  \$5. Add		.00 May Be ed to Fees		
10.	OFFICERS AND DIFFE	CTORS	I		<del></del>	
MAME SIREFI ADDRESS CITY-SI-ZIP	PD SECCURO, PAUL J 5095 S WASHINGTON AVE SUITE 20 TITUSVILLE, FL 32780	23			มอกก	104 <b>2977</b> 5
TITLE NAME STREET AUURESS CITY-ST-2IP	S SECCURO, PAUL J 5095 S WASHINGTON AVE SUITE 20 TITUSVILLE, FL 32780			03/27706	00469775 5-80015-002 163.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT W	RITE
Tille Name Sibbet Address City-St-IIP				IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	:	-				
ELEN G	1		2			

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on titis report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that) 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 Block 11 if changed, or on an attactiment with an address, with all other like empowered.

SIGNATURE: MUL SECCURO PROSIDENT PAUL J. SECCURO

NAME STREET ADORESS CITY-ST-ZIP

Job 13, 2006 321-264-1595