

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2006 8:00 am
Secretary of State

02-17-2006 90085 046 ***150.00

DOCUMENT # P04000122267 1. Entity Name TECH LIGHTING, INC.					
Principal Place of Business 5948 S.W. 44TH STREET DAVIE, FL 33314			Mailing Address 5948 S.W. 44TH STREET DAVIE, FL 33314		
2. Principal Place of Business 5942 S.W. 44TH ST.		3. Mailing Address 5942 S.W. 44TH ST.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State DAVIE FL.		City & State DAVIE FL.		4. FEI Number 74-3129661	
Zip 33314		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				02092006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SCHÉCHTER, JOEL 5948 S.W. 44TH STREET DAVIE, FL 33314			7. Name and Address of New Registered Agent Name EVAN SCHECHTER Street Address (P.O. Box Number is Not Acceptable) 5942 S.W. 42ND ST. City DAVIE FL 33314		
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 <u><i>Evon Schecter</i></u> EVAN SCHECHTER PRESIDENT 2-15-06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing.) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, ELLEN 5948 S.W. 44TH STREET DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T Ellen Schechter 5942 SW 44th ST. DAVIE FL. 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, JOEL 5948 S.W. 44TH STREET DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D Joel Schechter 5942 SW 44th ST. DAVIE FL. 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, JOEL 5948 S.W. 44TH STREET DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D EVAN SCHECHTER 5942 SW 44th St. DAVIE FL. 33314
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, JOEL 5948 S.W. 44TH STREET DAVIE, FL 33314	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHECHTER, JOEL 5948 S.W. 44TH STREET DAVIE, FL 33314
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Joel Schechter</i></u> Joel Schechter V/D 2-15-06 954-584-2352 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					