

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131567

FILED
Apr 06, 2005
Secretary of State

Entity Name: INNOVATIVE ILLUMINATIONS GROUP, INC.

Current Principal Place of Business:

1201 ALLENDALE ROAD
STE. C
WEST PALM BEACH, FL 33405 US

New Principal Place of Business:

Current Mailing Address:

1243 AVONDALE LANE
WEST PALM BEACH, FL 33409

New Mailing Address:

128 BLACK OLIVE CRESCENT
ROYAL PALM BEACH, FL 33411

FEI Number: 55-0882154

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAUGHLIN, HEATHER
1243 AVONDALE LANE
WEST PALM BEACH, FL 33409 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LOCKEY, DAVID M
Address: 128 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: P () Delete
Name: LAUGHLIN, WILLIAM A
Address: 1243 AVONDALE LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: S () Delete
Name: LAUGHLIN, HEATHER R
Address: 1243 AVONDALE LANE
City-St-Zip: WEST PALM BEACH, FL 33409

Title: T () Delete
Name: LOCKEY, TRACY
Address: 128 BLACK OLIVE CRESCENT
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DAVID M LOCKEY

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date