

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000131663

FILED
May 15, 2006
Secretary of State

Entity Name: INNOVATIVE LIGHTING SYSTEMS, INC.

Current Principal Place of Business:

1167 CLEARPOINTE WAY
LAKELAND, FL 33813 US

New Principal Place of Business:

310 EXECUTIVE BLVD
LEESBURG, FL 34748 US

Current Mailing Address:

15745 SE 92ND AVE
SUMMERFIELD, FL 34491 US

New Mailing Address:

PO BOX 41311
NORTH CHARLESTON, SC 29420 US

FEI Number: 20-1684291

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEYDIG, DANIEL L
15745 SE 92ND AVE.
SUMMERFIELD, FL 34491 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEYDIG, DANIEL L
Address: 15745 SE 92ND AVE
City-St-Zip: SUMMERFIELD, FL 34491 US

Title: VP () Delete
Name: LEYDIG, MARIE
Address: 4308 TREVOR STREET
City-St-Zip: NORTH CHARLESTON, SC 29420 US

Title: S () Delete
Name: MONTEITH, WILLIAM
Address: 1167 CLEARPOINTE WAY
City-St-Zip: LAKELAND, FL 33813 US

Title: T (X) Delete
Name: LEYDIG, LARRY
Address: 13521 SE 97TH TERRACE RD
City-St-Zip: SUMMERFIELD, FL 34491

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 Chapter 119, 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: MARIE LEYDIG

VP

05/15/2006

Electronic Signature of Signing Officer or Director

_____ Date