

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000054382

FILED  
Jul 10, 2006  
Secretary of State

Entity Name: PULSED LIGHT SOLUTIONS, INC.

## Current Principal Place of Business:

195 S. WESTMONTE DRIVE  
SUITE 1112  
ALTAMONTE SPRINGS, FL 32714

## New Principal Place of Business:

## Current Mailing Address:

195 S. WESTMONTE DRIVE  
SUITE 1112  
ALTAMONTE SPRINGS, FL 32714

## New Mailing Address:

FEI Number: 20-2667221

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

FERNANDEZ, RICHARD J  
1170 CARMEL CIRCLE  
SUITE 220  
CASSELBERRY, FL 32707 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: FERNANDEZ, RICHARD J  
Address: 1170 CARMEL CIRCLE, SUITE 220  
City-St-Zip: CASSELBERRY, FL 32707

Title: VP ( ) Delete  
Name: OLIVER, FERNANDO L  
Address: 1642 NORTH STREET  
City-St-Zip: LONGWOOD, FL 32750

Title: VP (X) Delete  
Name: RUDEZ, JUSTINA  
Address: 330 AMESBURY COURT  
City-St-Zip: LONGWOOD, FL 32779

Title: VP (X) Delete  
Name: RUDEZ, SANDY R  
Address: 403 NEATHERWOOD CRESCENT  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

## 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: FERNANDO OLIVER

VP

07/10/2006

Electronic Signature of Signing Officer or Director

Date