

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000059729

1. Entity Name
NEW WORLD LIGHTING DESIGNS, INC.



**FILED
Jun 21, 2006 8:00 am
Secretary of State**

05-03-2006 90217 033 ***150.00

66020095



04202006 Chg-P CR2E034 (11/05)

Principal Place of Business		Mailing Address	
4486 S.E. FEDERAL HIGHWAY STUART, FL 34997 US		4486 S.E. FEDERAL HIGHWAY STUART, FL 34997 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BERNARDO, RICHARD 4486 S.E. FEDERAL HIGHWAY STUART, FL 34997		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City FL Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when changing)

DATE

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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
P,S BERNARDO, RICHARD 4486 S.E. FEDERAL HIGHWAY STUART, FL 34997		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
T, D BERNARDO, RICHARD 4486 S.E. FEDERAL HIGHWAY STUART, FL 34997		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06 561-596-3012
Date Daytime Phone #