

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90217 033 ***150.00

DOCUMENT # P05000059729

1. Entity Name
NEW WORLD LIGHTING DESIGNS, INC.



Principal Place of Business
**4486 S.E. FEDERAL HIGHWAY
STUART, FL 34997 US**

Mailing Address
**4486 S.E. FEDERAL HIGHWAY
STUART, FL 34997 US**

66020095



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04202006

Chg-P

CR2E034 (11/05)

4. FEI Number

020-0732479

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BERNARDO, RICHARD
4486 S.E. FEDERAL HIGHWAY
STUART, FL 34997**

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.S
BERNARDO, RICHARD
4486 S.E. FEDERAL HIGHWAY
STUART, FL 34997**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T, D
BERNARDO, RICHARD
4486 S.E. FEDERAL HIGHWAY
STUART, FL 34997**

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TITLE
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STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-06

Date

561-596-3012

Daytime Phone #