

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000090183

Entity Name: HEADLIGHT PROS, INC.

FILED
Feb 07, 2008
Secretary of State

Current Principal Place of Business:

805 SANDCASTLE CIR
BRANDON, FL 33511

New Principal Place of Business:

Current Mailing Address:

5 CALAIS CT
WEST SENECA, NY 14224

New Mailing Address:

FEI Number: 20-3048117

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JEFFREY A, DOWD, P.A.
609 W LUMSDEN RD
BRANDON, FL 33511 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: PST () Delete
Name: WHITE, BYRON E
Address: 5 CALAIS CT
City-St-Zip: WEST SENECA, NY 14224

Title: V () Delete
Name: WHITE, RODNEY J
Address: 805 SANDCASTLE CIR
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: WHITE, BYRON E
Address: 5 CALAIS CT
City-St-Zip: WEST SENECA, NY 14224

Title: PST (X) Change () Addition
Name: WHITE, RODNEY J
Address: 805 SANDCASTLE CIR
City-St-Zip: BRANDON, FL 33511

I hereby certify that the information supplied with this filing does not qualify 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: BYRON E. WHITE

VP

02/07/2008

Electronic Signature of Signing Officer or Director

_____ Date