## **2006 FOR PROFIT CORPORATION**

## Apr 19, 2006 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P05000099701 04-19-2006 90095 008 \*\*\*150.00 LIGHTHOUSE CARD COMPANY, INC. Principal Place of Business Mailing Address 1721 SW 5TH AVE 1721 SW 5TH AVE POMPANO BCH, FL 33060 POMPANO BCH, FL 33060 2. Principal Place of Business 147 NE 32 3. Mailing Address 147 NE 04102006 CR2E034 (11/05) Chg-P City & State City & State a Kland 4. FEI Number Applied For 20-3443670 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PAPIERSKI BLOSTEIN, ARNOLD T 916 S ANDREWS AVE FT LAUDERDALE, FL 33316 Vantation 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. PRES IDENT 4-15.06 (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE **⊡** Change ☐ Addition SANDRA J PAPIERSKI PAPIERSKI, SANDRA J NAME NAME 1200' SW 71 Avenue STREET ADDRESS 1721 SW 5TH AVE STREET ADDRESS PLANTHTION CITY-ST-ZIP POMPANO BCH, FL 33060 CITY+ST-ZIP 333/7 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SANdra / Papiersky signature and typed of Printed name of Signing officer or director

CITY-ST-7IP

**FILED**