2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122967

City-St-Zip:

FLORAL CITY, FL 34436

FILED Apr 26, 2006 Secretary of State

Entity Nai	me: CORPO	RATE LIGHTING,INC.		•	
Current Principal Place of Business:			New Principal Place of	New Principal Place of Business:	
5149 MARINER BLVD SPRING HILL, FL 34609			2604 TAMPA EAST BLV SUITE K TAMPA, FL 33619		
Current M	lailing Addre	ss:	New Mailing Address:	New Mailing Address:	
	INER BLVD IILL, FL 34609)			
FEI Number:	: 20-3426196	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of I	Name and Address of New Registered Agent:	
O'CONNOR, TARA M ESQ O'CONNOR LAW GROUP PA 9735 US HIGHWAY 19 SUITE 2 PORT RICHEY, FL 34668 US			LABORDA, MICHAEL 5149 MARINER BLVD. SPRING HILL, FL 34609		
	named entity e of Florida.	submits this statement for the p	ourpose of changing its registered of	office or registered agent, or both,	
SIGNATURE: MICHAEL LABORDA				04/26/2006	
	Electro	nic Signature of Registered Age	ent	Date	
Election Car	npaign Financir	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD (MACY, TERRY 205 LAKE MAI WINTER HAVE	RIAM COURT	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	VD (YOUNG, JAME 9834 CROFTO PORT RICHEY	N LANE	Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address:	STD (LABORDA, MI 11458 S POR		Title: (Name: Address:) Change () Addition	

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.

City-St-Zip:

SIGNATURE: MICHAEL LABORDA STD 04/26/2006