

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90046 009 ***150.00

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| DOCUMENT # P05000147711 | |
| 1. Entity Name | |
| LIGHTHOUSE FINANCIAL GROUP OF MISSOURI, INC | |

DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 4300 WEST CYPRESS STREET Suite, Apt. #, etc. | 3. Mailing Address P.O. BOX 18512 Suite, Apt. #, etc. |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | |
|--|----------------------------------|------------------------------------|---|
| City & State TAMPA, FL | City & State TAMPA | 4. FEI Number 20-3736920 | Applied For <input type="checkbox"/> Not Applicable |
| Zip 33607 | Country USA | Zip 33679-8512 | Country USA |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | \$8.75 Additional Fee Required |

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

| |
|--|
| Name ANDREW J MAY |
| Street Address (P.O. Box Number is Not Acceptable) 4300 W CYPRESS STREET |
| SUITE 800 |
| City TAMPA |
| FL |
| Zip Code 33607 |

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 reinstating) **DATE**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD ANDREW J MAY 4300 W CYPRESS ST SUITE 800 TAMPA, FL 33607 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:



ANDREW MAY

4/30/2007

(813) 637-8305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #