

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000167512

FILED
Apr 27, 2006
Secretary of State

Entity Name: LIGHTHOUSE SOFTWARE SOLUTIONS, INC.

Current Principal Place of Business:

5245 90TH TERRACE NORTH
PINELLAS PARK, FL 33872

New Principal Place of Business:

Current Mailing Address:

5245 90TH TERRACE NORTH
PINELLAS PARK, FL 33872

New Mailing Address:

FEI Number: 20-2915623

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KESSIE, DANNY
5245 90TH TERRACE NORTH
PINELLAS PARK, FL 33872 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: PCEO () Delete
Name: JONES, SHARON
Address: 390 MERA VAN CT
City-St-Zip: PALM HARBOR, FL 34683

Title: VP () Delete
Name: KESSIE, DANNY
Address: 5245 90TH TERRACE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: CIO () Delete
Name: KESSIE, DANNY
Address: 5245 90TH TERRACE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

Title: SCOO () Delete
Name: JONES, THOMAS
Address: 390 MERA VAN CT
City-St-Zip: PALM HARBOR, FL 34683

Title: TCFO () Delete
Name: KESSIE, TERESA
Address: 5245 90TH TERRACE NORTH
City-St-Zip: PINELLAS PARK, FL 33782

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: DANNY KESSIE

VP

04/27/2006

Electronic Signature of Signing Officer or Director

_____ Date