


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90845 040 \*\*\*150.00

<b>DOCUMENT # P06000002934</b>	
1. Entity Name <b>LIGHTSKY, INC.</b>	

Principal Place of Business <b>4964 12TH AVE., NORTH ST. PETERSBURG, FL 33710 US</b>	Mailing Address <b>P.O. BOX 76296 ST. PETERSBURG, FL 33734-6296 US</b>
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

40093433



04272007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>WOOD, BRADLEY J ESQ. 2639 DR. M.L. KING, JR. STREET NORTH ST. PETERSBURG, FL 33704</b>		7. Name and Address of New Registered Agent Name <b>WOOD, BRADLEY J. ESQ</b> Street Address (P.O. Box Number is Not Acceptable) <b>6000 12TH AVE, N, SUITE 302</b> City <b>ST. PETERSBURG, FL</b> Zip Code <b>33701</b>	
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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 <b>BRADLEY J. WOOD ESQ</b> (NOTE: Registered Agent signature required when reinstating) DATE <b>4-27-07</b>	
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D <b>FERGUSON, LAUREN R</b> <b>2639 DR. M.L. KING, JR. STREET NORTH</b> <b>ST. PETERSBURG, FL 33704</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.	
SIGNATURE: <b>Lauren R. Ferguson</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>4-27-07</b> Daytime Phone # <b>787-418724</b>