

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000019318

FILED
Mar 01, 2007
Secretary of State

Entity Name: LUMICAL TECHNOLOGIES GROUP, INC.

Current Principal Place of Business:

2520 FLOWER ROAD
VENICE, FL 34293 US

New Principal Place of Business:

Current Mailing Address:

2520 FLOWER ROAD
VENICE, FL 34293 US

New Mailing Address:

FEI Number: 20-4282467 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAULIN, JAMES
2520 FLOWER ROAD
VENICE, FL 34293 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: PSTD () Delete
Name: PAULIN, JAMES
Address: 2520 FLOWER ROAD
City-St-Zip: VENICE, FL 34293 US

Title: VP D () Delete
Name: PAULIN, KAREN
Address: 2520 FLOWER ROAD
City-St-Zip: VENICE, FL 34293 US

Title: D () Delete
Name: CIESZKOWSKI, ED
Address: 8974 PROVINCE ST
City-St-Zip: SARASOTA, FL 34240 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: PAULIN, JAMES W
Address: 2520 FLOWER ROAD
City-St-Zip: VENICE, FL 34293 US

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

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

Title: D () Change (X) Addition
Name: PETERSON, EFFIE M
Address: 5147 CEDAR HAMMOCK DR
City-St-Zip: SARASOTA, FL 34232

Title: D () Change (X) Addition
Name: VACHON, PAUL
Address: 722 SAWGRASS BRIDGE RD.
City-St-Zip: VENICE, FL 34292 44

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: JAMES W PAULIN

PSTD

03/01/2007

Electronic Signature of Signing Officer or Director

_____ Date