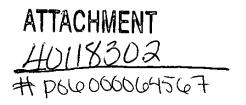
2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 24, 2007 8:00 am Secretary of State **DOCUMENT # P06000064567** 05-24-2007 90004 049 ***150.00 1. Entity Name **EF LIGHT TEC INC** darra Principal Place of Business Mailing Address 9130 SW 18TH ROAD 9130 SW 18TH ROAD BOCA RATON, FL 33428 BOCA RATON, FL 33428 2. Principal Place of Business - No P.O. Box # Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 05012007 City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FORBES, ELISHA Street Address (P.O. Box Number is Not Acceptable) 9130 SW 18TH ROAD BOCA RATON, FL 33428 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition ☐ Change FORBES, ELISHA NAME STREET ADDRESS 9130 18TH ROAD STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 enpowered 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED



Form SS-4		Application for Employer Identification Number			Number	6	EIN	
(Rev. Dece	mber 2001)	(For use by employers, corporations, partnerships, trusts, estates, churc government agencies, Indian tribal entities, certain individuals, and other			hurches,	20-4915671		
Traceura			line. F Keep a copy for your records.		OMB No. 1545-0003			
1* Legal name of entity (or individual) for whom the EIN is being requested								
EF LIGHT TEC INC 2 Trade name of business (if different from name on line 1) 3 Executor, trustee, "care of name								
<u> </u>				ELISHA FORBS				
4a* Mailing address (room, apt., suite no. and street, or P.O. box) 9130 SOUTHWEST 18TH ROAD				5a Street address (if different) (Do not enter a P.O. box)				
4b* City, state, and ZIP code BOCA RATON FL 33428 -				5b City, state, and ZIP code				
6° County and state where principal business is located County PALM BEACH State FL								
7a* Name of principal officer, general partner, grantor, owner, or trustor ELISHA FORBES				76° SSN, ITIN, EIN 079-60-0769				
8a* Type of entity (check only one)								
				Plan administrator (SSN) Trust (SSN of grantor)				
Corporation (enter form number to be filed) ► P0800008456				National Guard State/local government				
				Farmers' cooperative Federal government/military				
Church or church-controlled organization Control organization Church organization Control organization (specify) ► Control organization (Security) ► Control organization (Sec							terprises	
Other (specify)								
8b* If a corporation, name the state or foreign country (if applicable) where incorporated Ft.					Foreign count	reign country		
9* Reason for applying (check only one) ☐ Banking purpose (specify purpose) ▶								
Started new business (specify type) Changed type of organization (specify new type)								
► ELECTRICAL REPAIRS Furchased going business Function of the box and see line 12) Created a trust (specify type)								
Compliance with IRS withholding regulations Created a pension plan (specify type)								
Cther (specify) ▶								
10° Date business started or acquired (month, day, year) MAY 8 2006 MAR								
12 First date wages or annuities were paid or will be paid (month, day, year) Note: if applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)								
13 Highest number of employees expected in the next twelve months Note: If the applicant Agriculture Household Other								
does not expect to have any employees during the period, enter "-0-"						0	0	
14° Check box that best describes the principal activity of your business Health care & social assistance Wholesale-agent/broker								
Construction Rental & leasing Transportation & warehousing Accommodation & food service Wholesale-other								
Real estate								
15* Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided.								
ELECTRICAL & LIGHTING CONTROL REPAIRS 16a* Has the applicant ever applied for an employer identification number for this or any other business?								
Note if "Yes" please complete lines 16b and 16c 16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.								
Legal name ▶								
Trade name 16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.								
Approximate date when filed (month, day, year) City and state where filed Previous EIN								
	Complete section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form							
Third	Designee's name			Designee's ta	lephone number (i	nclude area code)		
Party Designee	Address and ZIP code				() - Designee's fax number (include area code) () -			
Under pena	Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true,							
correct, and complete. Name and title (type or print clearly) Applicant's telephone number (include area code)								