
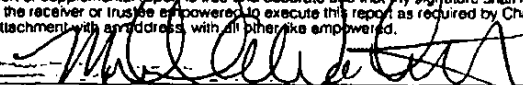


FILED  
Jun 07, 2007 8:00 am  
Secretary of State

5/1

05-18-2007 90020 028 \*\*\*158.75

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P06000071887</b>			
1. Entity Name <b>LIGHTHOUSE REAL ESTATE SOLUTIONS, INC.</b>			
Principal Place of Business <b>2229 RISING CREEK COURT DUNEDIN, FL 34698</b>		Mailing Address <b>2229 RISING CREEK COURT DUNEDIN, FL 34698</b>	
2. Principal Place of Business - No P.O. Box # <b>914 Curlew Road</b>		3. Mailing Address	
Suite/Apt. #, etc. <b>213</b>		Suite, Apt. #, etc.	
City & State <b>Dunedin Florida</b>		City & State	
Zip <b>34698</b>	Country <b>Pinellas</b>	Zip	Country
6. Name and Address of Current Registered Agent <b>WATKINS, MICHAEL A 2229 RISING CREEK COURT DUNEDIN, FL 34698</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WATKINS, MICHAEL A 2229 RISING CREEK COURT DUNEDIN, FL 34698 <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	VP WATKINS, ELIZABETH A 2229 RISING CREEK COURT DUNEDIN, FL 34698 <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>5-14-07-727-785-3283</b>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

bbU10440



05142007 Chg-P CR2E034 (12/06)