


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90023 047 \*\*\*158.75

**DOCUMENT # P06000076700**

1. Entity Name  
**LUMAN SOLUTIONS INC.**



Principal Place of Business      Mailing Address  
**13403 WHITE ELK LOOP**      **13403 WHITE ELK LOOP**  
**TAMPA, FL 33626 US**      **TAMPA, FL 33626 US**

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
*10712 Tavistock Dr.*      *10712 Tavistock Dr.*  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
*Tampa FL*      *Tampa FL*  
 Zip      Country      Zip      Country  
*33626 USA*      *33626 USA*



04022008      Chg-P      CR2E034 (12/06)

4. FEI Number      Applied For  
**20-5058253**      Not Applicable

5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
<b>LUKCIC, DAVID M</b> <b>13403 WHITE ELK LOOP</b> <b>TAMPA, FL 33626</b>	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 reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.       **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>P</b>	<input type="checkbox"/> Delete	TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>LUKCIC, DAVID M</b>		NAME <b>LUKCIC, DAVID M</b>	
STREET ADDRESS <b>13403 WHITE ELK LOOP</b>		STREET ADDRESS <i>10712 Tavistock Dr.</i>	
CITY-ST-ZIP <b>TAMPA, FL 33626</b>		CITY-ST-ZIP <i>Tampa FL 33626</i>	
TITLE <del>VP</del>	<input type="checkbox"/> Delete	TITLE <b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <del>Rene M. Lukic</del>		NAME <b>Rene M. Lukic</b>	
STREET ADDRESS <del>10712 Tavistock Dr.</del>		STREET ADDRESS <i>10712 Tavistock Dr.</i>	
CITY-ST-ZIP <del>Tampa FL 33626</del>		CITY-ST-ZIP <i>Tampa FL 33626</i>	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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:** *David M. Lukic*      **David M. Lukic**      *4/1/08*      *813 293-6619*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #