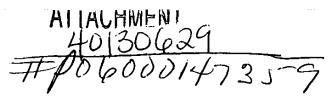
2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Aug 29, 2007 8:00 am Secretary of State

DOCUMENT # P06000147359 1. Entity Name NORTH STAR HOLIDAY LIGHTING, INC.								08-29-2007	90001 014	***150).00	
Principal Place of Business 9 PLANTATION BLVD LAKE WORTH, FL 33467				Mailing Address 9 PLANTATION BLVD LAKE WORTH, FL 33467					N NR((BIBII (BRAB)	11184 8.1148 1 9 11	(BB) (1)BG(
Principal Place of Business - No P.O. Box #				3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				04302007	Chg-P	CR2E034	(12/06)		
City & State			City	y & State		4. FEI Numb	er -1717999		1	plied For t Applicable		
Zip	Country				try	5. Certificate of Status Desired S8.75 Additional Fee Required						
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent						
MCGILL, CHARLES R 9 PLANTATION BLVD LAKE WORTH, FL 33467						Name Street Address (P.O. Box Number is Not Acceptable)						
				and of abanding its		City	and again as be	the in the Crate of Etc	FL	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 Signature typed brinded name or registered agent when reinstaining) DATE												
		FEE IS \$150.00 7 Fee will be \$550	ļ	9. Efection Campa Trust Fund Con			5.00 May Be ded to Fees					
10.		OFFICERS AND	ORS	11.		ADDITIONS	/CHANGES TO OFF	ICERS AND DI	RECTORS	3 IN 11		
NAME STREET ADDRESS CITY-ST-ZIP	DP Dek MCGILL, CHARLES R 9 PLANTATION BLVD LAKE WORTH, FL 33467					I] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete					E LE LADDRESS - S1-ZIP] Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				□ Delele] Change	Addition	
TITLE NAME STREET ADDRESS CHY ST ZIP				☐ Delete] Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete		I) Change	Addition	
TITLE NAME STREET ADDRESS CITY-S1-ZIP				☐ Delete		1] Change	☐ Addition	
indicated of the cor	fon this repo reoration or t	ne information supplied wi ort or supplemental report the receiver or trustee em tachme <u>nt with</u> an address	is true and powered to	d accurate and that o execute this repor	my signa t as requ	ture shall have the	e same legal effe	ct as if made under o	oath; that I am	an officer	or director	



NORTH STAR HOLIDAY LIGHTING C/O CHARLES MCGILL 1357 PIERCE AVE, #3 NORTH TÖNAWANDA, NY 14120

Florida Dept. of State Div. of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

Re: North Star Holiday Lighting

TIN: 42-1717999

July 19, 2007

Dear Division Representative:

I apologize for the lateness of this filing for my Florida Corporate Annual Report. I am a new business owner and was not aware of this filing. I had moved prior to the notification card alerting the necessity of this form filing. I have, in no way, meant to shirk my responsibilities as a business owner in the state of Florida.

I have downloaded the form, completed, signed and included a check for the original filing fee (\$150.00) in the hopes that you could be compassionate to a new business owner and forgive my unintentional oversight.

Thank you in advance for your kindness and understanding.

Respectfully,

Charles R. McGill President/Owner