2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2009
Secretary of State

DOCUMENT# P06000149345

Entity Name: LET THE LIGHT SHINE, INC.

Current Principal Place of Business:

125 SOUTH STATE ROAD 7
SUITE 104-246
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

125 SOUTH STATE ROAD 7
SUITE 104-246
WELLINGTON, FL 33414

Current Mailing Address:

125 SOUTH STATE ROAD 7
SUITE 104-246
ROYAL PALM BEACH, FL 33411

New Mailing Address:

125 SOUTH STATE ROAD 7
SUITE 104-246
WELLINGTON, FL 33414

FEI Number: 20-5971912 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOSEPHS, JACQUELINE
125 SOUTH STATE ROAD 7
SUITE 104-246
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

JOSEPHS, JACQUELINE
125 SOUTH STATE ROAD 7
SUITE 104-246
WELLINGTON, FL 33414 US

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: _____ 04/19/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: JOSEPHS, JACQUELINE
Address: 125 SOUTH STATE ROAD 7, SUITE 104-246
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP (X) Delete
Name: JOSEPHS, PATRICK
Address: 125 SOUTH STATE ROAD 7, SUITE 104-246
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: S (X) Delete
Name: JOSEPHS, ALEXIS
Address: 125 SOUTH STATE ROAD 7, SUITE 104-246
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: T (X) Delete
Name: JOSEPHS, STEPHEN
Address: 125 SOUTH STATE ROAD 7, SUITE 104-246
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: JOSEPHS, JACQUELINE
Address: 125 SOUTH STATE ROAD 7, SUITE 104-246
City-St-Zip: WELLINGTON, FL 33414

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: JACQUELINE JOSEPHS P 04/19/2009
Electronic Signature of Signing Officer or Director — Date