

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

3/ Apr 07, 2008 8:00 am
Secretary of State

03-04-2008 90018 027 ***150.00

DOCUMENT # P07000045619					
1. Entity Name LIGHT UP MY LIFE, INC.					
Principal Place of Business 6627 TARA COURT BOYNTON BEACH FL 33437 US			Mailing Address 6627 TARA COURT BOYNTON BEACH FL 33437 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
TRAPP, BRENDA MARIE 6627 TARA COURT BOYNTON BEACH FL 33437				Name Street Address (P.O. Box Number is Not Acceptable) City 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 _____ DATE _____ Signature, typed or printed name of person named agent is required. (NOTE: Registered Agent signature required when transferring.)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				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	PVST ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TRAPP, BRENDA MARIE		NAME		
STREET ADDRESS	6627 TARA COURT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	TRAPP, BRENDA MARIE		NAME		
STREET ADDRESS	6627 TARA COURT		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL 33437		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			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 Section 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: <u>Brenda M. Trapp</u> <u>Brenda M. Trapp</u> <u>2/24/08</u> <u>5615730020</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

660006010



1st MOORE CR2E034 (10/07)

4. FEI Number 20-8833291 Applied For ☐ Not Applicable

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