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Apr 28, 2008 8:00 am
Secretary of State
04-07-2008 90059 019 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P07000068263

1. Entity Name
RED VENOM LIGHTING, INC.

Principal Place of Business	Mailing Address
4301 WOKKER DRIVE LAKE WORTH, FL 33467 US	4301 WOKKER DRIVE LAKE WORTH, FL 33467 US

66008195

04022008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
275 Belle Grove LN		275 Belle Grove LN	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Royal Palm Beach, FL		City & State: Royal Palm Beach, FL	
Zip: 33411	Country: US	Zip: 33411	Country: US

4. FEI Number 26-0328936 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
STEFAN, BRETT
4301 WOKKER DRIVE
LAKE WORTH, FL 33467

7. Name and Address of New Registered Agent
Name: STEFAN, BRETT
Street Address (P.O. Box Number is Not Acceptable): 275 Belle Grove LN
City: Royal Palm Beach FL Zip Code: 33411

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: Brett S. Stefan — DATE: 4/2/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	P STEFAN, BRETT 4301 WOKKER DRIVE LAKE WORTH, FL 33467	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEFAN, BRETT 275 Belle Grove LN Royal Palm Beach, FL 33411	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: Brett S. Stefan BRETT S. STEFAN 4/2/08 561-602-1251
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #