2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# P07000075950

Entity Name: LAMP BROS. OF 4 WISHES INC.

Current Principal Place of Business:

1190 APOPKA BLVD
APOPKA, FL 32703

New Principal Place of Business:

Current Mailing Address:

1190 APOPKA BLVD
APOPKA, FL 32703

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCOTT, ANGELA D
6821 WEST COLONIAL DRIVE
ORLANDO, FL 32818 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REED, LEMUEL
Address: 5379 ROSEGAY COURT
City-St-Zip: ORLANDO, FL 32811

Title: V ( ) Delete
Name: MACK, MITCHELL
Address: 4750 ROBBINS AVE
City-St-Zip: ORLANDO, FL 32808

Title: S ( ) Delete
Name: TAYLOR, PARIS
Address: 6920 THOUSAND OAKS DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: T ( ) Delete
Name: FULSE, ANTHONY L
Address: 7020 CORAL COVE DRIVE
City-St-Zip: ORLANDO, FL 32818

Title: D ( ) Delete
Name: MACK, MARGARET
Address: 470 GILMAN CIRCLE
City-St-Zip: ORLANDO, FL 32811

Title: D ( ) Delete
Name: WADE, JULIA E
Address: 4739 SPANIEL STREET
City-St-Zip: ORLANDO, FL 32811

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: ANGELA SCOTT R.A. 04/30/2009
Electronic Signature of Signing Officer or Director — Date