2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000049788

Title:

Name:

Address:

City-St-Zip:

Entity Name: GREEN LIGHTING SUPPLY, INC

FILED Apr 16, 2009 Secretary of State

Entity Nan	ne: GREEN	LIGHTING SUPPLY, INC.					
Current Principal Place of Business:			New Principal Place of Business:				
556 QUAIL DEBARY, F	WOODS CO FL 32713	URT JS					
Current Mailing Address:			New Mailing Address:				
556 QUAIL DEBARY, F	WOODS CO FL 32713	URT JS					
FEI Number:	26-2633196	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Des	sired (X)	
Name and	Address of (Current Registered Agent:	Name and	Name and Address of New Registered Agent:			
	R, MATTHEN WOODS CO FL 32713						
The above in the State		submits this statement for the pu	rpose of changing i	s registered	office or registered age	nt, or both,	
SIGNATUR							
		nic Signature of Registered Agen	t	Date			
Election Carr	npaign Financin	g Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P (LIGHTTISER, I 556 QUAIL WO DEBARY, FL	OODS COURT	Title: Name: Address: City-St-Zip:	() Change () Addition		
Title: Name: Address: City-St-Zip:	MCSWEENEY 10 ALBAN MEN		Title: Name: Address: City-St-Zip:	MCSWEENEY 6438 WATER	X) Change () Addition 7, DIARMUID J CREST WAY #202 RANCH, FL 34202 US		
Title: Name: Address: City-St-Zip:	MCSWEENEY 10 ALBAN MEY		Title: Name: Address: City-St-Zip:	() Change () Addition		

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.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: MATTHEW D. LIGHTTISER P 04/16/2009

(X) Delete

NEWPORT BEACH, CA 92660 US

LIGHTTISER, KRISTIN L

9312 RESIDENCIA

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