2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000076370

Entity Name: LEDLIGHT SOLUTIONS, INCORPORATED

FILED Mar 21, 2011 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of Business: | |
|---|--|----------------------------------|------------------------------------|--------------------------------------|
| | PY HOLLOW F G, FL 34748 | ROAD | | |
| Current Mailing Address: | | | New Mailing Address: | |
| | PY HOLLOW F G, FL 34748 | ROAD | | |
| FEI Number: | 36-4679724 | FEI Number Applied For() | FEI Number Not Applicable () | Certificate of Status Desired () |
| Name and Address of Current Registered Agent: Name and Address of New Registered Agent: | | | | |
| 135 SLEEF | N, KAREN V PY HOLLOW F G, FL 34748 | RD. US | | |
| | named entity see of Florida. | submits this statement for the p | ourpose of changing its registered | office or registered agent, or both, |
| SIGNATUF | RE: | | | |
| | Electror | ic Signature of Registered Age | ent | Date |
| OFFICERS | S AND DIREC | TORS: | | |
| Title: Name: Address: City-St-Zip: | P HALLGREN, KA 135 SLEEPY H | OLLOW ROAD | | |

LEESBURG, FL 34748

ARTUNDUAGA, ERNESTO Name: Address: 135 SLEEPY HOLLOW ROAD City-St-Zip: LEESBURG, FL 34748

I hereby 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KAREN V HALLGREN Ρ 03/21/2011