


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 15, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P39744</b> 1. Entity Name <b>BRIGHT INTERESTS, INC.</b>		
Principal Place of Business <b>537 MARKET STREET SUITE 400 CHATANOOGA, TN 37402 US</b>		Mailing Address <b>537 MARKET STREET SUITE 400 CHATTANOOGA, TN 37402 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPT BRIGHT, FLETCHER 537 MARKET STREET, SUITE 400 CHATTANOOGA, TN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DAVIS, PATRICE I. 537 MARKET STREET, SUITE 400 CHATTANOOGA, TN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS GUILD, JEFFREY W. 537 MARKET STREET, SUITE 400 CHATTANOOGA, TN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BRIGHT, GEORGE 537 MARKET STREET, SUITE 400 CHATTANOOGA, TN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS BROWN, JAMES A. 537 MARKET STREET, SUITE 400 CHATTANOOGA, TN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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.  <b>SIGNATURE: <u>Fletcher Bright, Director/President</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



05042006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>62-1500274</b>	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
------------------------------------	---

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

000000565296  
05/20/06-80121-017 150.00

**DO NOT WRITE  
IN THIS SPACE**

May 4, 2006 (423)755-8830  
Date Daytime Phone #