2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: Z

FILED DOCUMENT # P93000021359 Apr 24, 2006 08:00 AM **Secretary of State** LIGHTING SALES CONNECTION, INC. Principal Place of Business Mailing Address 757 S.E. 17TH ST. SUITE 254 757 S.E. 17TH ST. SUITE 254 FT. LAUDERDALE FL 33316 FT. LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For 65-0398418 Not Applicable Zip Country Zφ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name RICHARD J BLANCO Street Address (P.O. Box Number is Not Acceptable) 757 SE 17TH ST #254 FT LAUDERDALE FL 33316 City Zip Code 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 Signature, typed or printed name of registered agent and title if optificable (NOTE Registored Agent signature required when roinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State to. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 THILE Delete THILE ☐ Change Addition Addition NAME RICHARD J BLANCO MAME STREET ADDRESS 757 SE 17TH ST, #254 STREET ADDRESS CHY-ST-71P FT LAUDERDALE FL CITY-ST-782 TITLE ☐ Detete TIBLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADORESS CRY-ST-7/E CITY-ST-ZIP Delat. 1111 ☐ Change ____ Addition NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP MILE ☐ Delete Title NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP THLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST- 7IP HILE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 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 of distee 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 will fulfiel like empowered.

(954) 655-9074

Daytime Phone #

4-19-06