

2006 FOR PROFIT CORPORATION ANNUAL REPORT


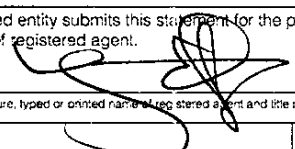
FILED
Apr 19, 2006 8:00 am
Secretary of State

04-19-2006 90082 017 ***150.00

40053260



04042006 Chg-P CR2E034 (11/05)

| | | | | | |
|--|---|--|--|--|--|
| DOCUMENT #P93000053746 | | | |  | |
| 1. Entity Name GASLIGHT WAREHOUSE INC. | | | | | |
| Principal Place of Business 6638 NEWPORT LAKE CIR BOCA RATON, FL 33496 US | | | Mailing Address 6638 NEWPORT LAKE CIR BOCA RATON, FL 33496 US | | |
| 2. Principal Place of Business 3169 SW RIVERS END WAY Suite, Apt. #, etc. | | 3. Mailing Address 3169 SW RIVERS END WAY Suite, Apt. #, etc. | | | |
| City & State PALEM CITY, FL | | City & State PALEM CITY, FL | | 4. FEI Number 65-0426114 | |
| Zip 34990 | | Country MARSH | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent STAUFFER, LARRY 6638 NEWPORT LAKE CIRCLE BOCA RATON, FL 33496 | | | 7. Name and Address of New Registered Agent Name LARRY STAUFFER Street Address (P.O. Box Number is Not Acceptable) 3169 SW RIVERS END WAY City PALEM CITY FL Zip Code 34990 | | |
| 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:  (NOTE: Registered Agent signature required when reinstating) DATE: 4/4/06 | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STAUFFER, LARRY E 6638 NEWPORT LAKE CIRCLE BOCA RATON, FL 33496 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | LARRY STAUFFER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3169 SW RIVERS END WAY PALEM CITY, FL 34990 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D STAUFFER, KATHLEEN 6638 NEWPORT LAKE CIRCLE BOCA RATON, FL 33496 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | KATHLEEN STAUFFER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3169 SW RIVERS END WAY PALEM CITY, FL 34990 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/06

772-219-1005