04/23/2006 14:23 9543459903 RICHARD L K

FILED
Apr 27, 2006 8:00 am
Secretary of State
04-27-2006 90167 002 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P94000006268

1. Entity Name
APOLLO LIGHTING STUDIO, INC.

40065499

Principal Place of Business	Mailing Address
~~1635 S. MIAMI RD~~	~~1635 S. MIAMI RD.~~
~~SUITE 4~~	~~SUITE 4~~
~~FT. LAUDERDALE, FL 33316~~	~~FT. LAUDERDALE, FL 33316~~

04242006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
2860 W. STATE RD 84	2860 W. STATE RD. 84
Suite, Apt. #, etc: #114	Suite, Apt. #, etc: #114
City & State: FT LAUDERDALE	City & State: FT LAUDERDALE
Zip: 33312 Country: USA	Zip: 33312 Country: USA

4. FEI Number: 65-0471478 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

KRAUSE, RONALD L
2011 NE 52ND CT.
FT. LAUDERDALE, FL 33308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL 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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition
NAME	KRAUSE, RONALD L		NAME	
STREET ADDRESS	2011 NE 52ND CT.		STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33308		CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			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.

SIGNATURE: [signature] RON KRAUSE 4/24/06 954-375-0100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #