2006 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P94000016610

1. Entity Name

LIGHT LINE ELECTRIC, INC.

Principal Place of Business	Mailing Address
447 INTERSTATE CT UNIT 447 SARASOTA FL 34240 US	8499 SOUTH TAMIAMI TRAIL #216 SARASOTA FL 34238 US

2. Principal Place of Business

2107 Global CT.

Suite. Apt. #, etc.

Unit 107

City & State

Sarasota FL

Zip 34240 Country US

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number 65-0468834

Applied For ☐
Not Applicable ☐

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

1st MOORE   CR2E034 (10/05)

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
COLLINS, CARL A 4816 THREE OAKS BVLD SARASOTA FL 34233	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 _____

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

FILE NOW!!! FEE IS $150.00.
After May 1, 2006 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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	P	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	COLLINS, CARL A		NAME			
STREET ADDRESS	4816 THREE OAKS VLD		STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL 34233		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			
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CITY-ST-ZIP			CITY-ST-ZIP			
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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 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 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: Carl A Collins Carl A Collins 3/9/06 941-922-3676

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #