

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P94000016905

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: LIGHT SOFTWARE SOLUTIONS, INC.

## Current Principal Place of Business:

16409 CYPRESS WATER WAY  
#404  
TAMPA, FL 33624

## New Principal Place of Business:

16740 NIKKI LANE  
ODESSA, FL 33556

## Current Mailing Address:

16409 CYPRESS WATER WAY  
#404  
TAMPA, FL 33624

## New Mailing Address:

16740 NIKKI LANE  
ODESSA, FL 33556

FEI Number: 59-3155423

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

BEGIAN, CHARLES H  
16409 CYPRESS WATER WAY  
#404  
TAMPA, FL 33624

## Name and Address of New Registered Agent:

BEGIAN, CHARLES H  
16740 NIKKI LANE  
ODESSA, FL 33556

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.

SIGNATURE: \_\_\_\_\_

04/29/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: BEGIAN, CHARLES H  
Address: 16409 CYPRESS WATER WAY, #404  
City-St-Zip: TAMPA, FL 33624

Title: DV ( ) Delete  
Name: WOOD, DAVID C  
Address: 21698 CHANNING CT  
City-St-Zip: ASHBURN, VA 20147

Title: DVT ( ) Delete  
Name: WOOD, DIANE M  
Address: 21698 CHANNING CT  
City-St-Zip: ASHBURN, VA 20147

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: BEGIAN, CHARLES H  
Address: 16740 NIKKI LANE  
City-St-Zip: ODESSA, FL 33556

Title: DV (X) Change ( ) Addition  
Name: WOOD, DAVID C  
Address: 43240 OVERVIEW PLACE  
City-St-Zip: LANSLOWNE, VA 20176

Title: DVT (X) Change ( ) Addition  
Name: WOOD, DIANE M  
Address: 43240 OVERVIEW PLACE  
City-St-Zip: LANSLOWNE, VA 20176

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES H. BEGIAN AS PRESIDENT

DP

04/29/2004

Electronic Signature of Signing Officer or Director

Date