

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # P94000067867

1. Entity Name
EMERGENCY LIGHTING TECHNOLOGY, INC.



Principal Place of Business
**3209 TROPICAL TRAIL
LANTANA, FL 33462**

Mailing Address
**3209 TROPICAL TRAIL
LANTANA, FL 33462**

DO NOT WRITE IN THIS SPACE



04202007 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0523047

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**KALEEL, KENNETH M P.A.
555 NORTH CONGRESS AVENUE
SUITE 302
BOYNTON BEACH, FL 33426**

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IN THIS SPACE**

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME VANA, ROSTI F JR.
STREET ADDRESS 3209 TROPICAL TRAIL
CITY-ST-ZIP LANTANA, FL 33462

TITLE VD
NAME VANA, VALERIE
STREET ADDRESS 3209 TROPICAL TRAIL
CITY-ST-ZIP LANTANA, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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U000000722975
05/02/07-80053-011 150.00

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IN THIS SPACE**

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

ROSTI VANA JR.

4/20/07 561-966-1800

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #