2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED DOCUMENT # P96000049075 Apr 28, 2006 08:00 AN 1. Entity Name **Secretary of State** LIGHTHOUSE LANDSCAPING INC Principal Place of Business Mailing Address 342 TONEY PENNA JUPITER FL 33458 PO BOX 1836 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 65-0677210 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIX, FITCH T Street Address (P.O. Box Number is Not Acceptable) 15635 97TH DR. N. JUPITER FL 33478 Zip Code City 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 DATE (NOTE Registered Agnot signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. Delete ☐ Change Addition TITLE IIILE NAME NAME DIX, FITCH T STREET ADDRESS STREET ADDRESS 15635 97 DRIVE N. CITY-ST-ZIP JUPITER FL 33478 CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE U00000545288 NAME NAME .05/11/06-80073-001 150.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-ZIP Di Change . □ Addition Delete ... THE 3314 NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Change ☐ Delete HILE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-SI-ZIP Addition TITLE ☐ Change TITLE Delete MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Delete Change ☐ Addition BITH TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this bling 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 such an address, with all other like empowered

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

4-12-06 561-74