


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P96000086246 1. Entity Name HARICON LIGHT BUILDING SYSTEM, INC.	
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Principal Place of Business 427 10TH AVENUE WEST, SUITE 3 PALMETTO, FL 34221	Mailing Address POST OFFICE BOX 570 PALMETTO, FL 34220
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04182005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3453642	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MCKINNEY, S. KEITH JR. ESQ 605 75TH AVE ST. PETERSBURG BEACH, FL 33706
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY ST ZIP	PD ROSVALL, OLLE L 427 10TH AVENUE WEST, SUITE 3 PALMETTO, FL 34221
TITLE NAME STREET ADDRESS CITY ST ZIP	AT LIMBERG, STACEY H 4403 7TH STREET E., #8 ELLENTON, FL 34222
TITLE NAME STREET ADDRESS CITY ST ZIP	D STRAHLE, CHRISTER SKADDAREGATAN 10 MALMO, SWEDEN,
TITLE NAME STREET ADDRESS CITY ST ZIP	D SVENSSON, TORBJORN YSTADRAGAN 3 HORBY, SWEDEN,
TITLE NAME STREET ADDRESS CITY ST ZIP	
TITLE NAME STREET ADDRESS CITY ST ZIP	

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05/05/05-80055-007 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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 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:  **STACEY H. LIMBERG** **4/30/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR