2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OF P

Mar 19, 2005 08:00 AM **Secretary of State** DOCUMENT # P97000035731 STARLIGHT RETIREMENT I, INC. Principal Place of Business_ Mailing Address 607 LAKE DR. 607 LAKE DR. DELAND, FL 32724 DELAND, FL 32724 CR2E034 (10/03) 03162005 No Chg-P DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3452528 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 5. Name and Address of Current Registered Agent STOLL, HERMAN DO NOT WRITE 607 LAKE DRIVE DELAND, FL 32724 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) U00000263785 Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE 18 \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 03/19/05-80025-006 150.00 OFFICERS AND DIRECTORS 10. TITLE STOLL, HERMAN NAME 607 LAKE DRIVE STREET ADDRESS CITY-ST-ZIP DELAND, FL 32724 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE IIICE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 eath; 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 an address, with a supplemental report is the empowered.

RINTED NAME OF BIGNING OFFICER OR DIRECTOR

FILED