2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

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 IJ5 01042006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number 59-3452528 Applied For Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. 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 Floride. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typid or printed neare of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinelating) TATE FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Election Campaign Financing Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE STOLL HERMAN NAME STREET AUDRESS 607 LAKE DRIVE DITY-ST-ZIP DELAND, FL. 32724 U00000434066 02/24/06-80041-024 150.00 MAME STITEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 12. Thereby certify that the information supplied with this filting 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 comparation 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 B

ther like empowered.

SIGNATURE:

FILED

Feb 14, 2006 08:00 AM