2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P97000041926

1. Entity Name
THUNDER & LIGHTNING ENTERPRISES, INC.

Principal Place of Business	Mailing Address
5400 NW TENTH TERRACE	5400 NW TENTH TERRACE
FT LAUDERDALE, FL 33309	FT LAUDERDALE, FL 33309

DO NOT WRITE IN THIS SPACE

01032008   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
65-0779964	Not Applicable

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

6. Name and Address of Current Registered Agent

BRADLEY, JOHN F
1215 E BROWARD BLVD
FT LAUDERDALE, FL 33301

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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, 2008 Fee will be $550.00**	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	U00000934876 05/23/08-80050-006 150.00

10.	OFFICERS AND DIRECTORS
TITLE	D
NAME	BARRY, JAMES
STREET ADDRESS	5400 NW TENTH TERRACE
CITY-ST-ZIP	FT LAUDERDALE, FL 33309
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ James E Berry 4/15/08 954 772-0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #