2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000042769

Entity Name: ENLIGHTMENT WORLDWIDE, INC

CARRION JR., CLEMENTE E

1409 ORCHID LANE

KISSIMMEE, FL 34744

Name:

Address:

City-St-Zip:

FILED Jan 31, 2008 Secretary of State

Entity Name: ENLIGHTMENT WORLDWIDE, INC.						
Current P	rincipal Plac	e of Business:	New Principal Place of Business:			
P.O BOX ORLANDO	536008 D, FL 3285360	008				
Current M	lailing Addre	ss:	New Mailing Address:			
P.O BOX ORLANDO	536008), FL 3285360	008				
FEI Number	: 65-0895252	FEI Number Applied For ()	FEI Numbe	r Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name and Address of New Registered Agent:			
FAIN. BYRON 611 N MILLS AVE ORLANDO, FL 32803-4637				FAIN, BYRON 7512 DR. PHILLIPS BLVD. SUITE 50-239 ORLANDO, FL 32819 US		
	named entity e of Florida.	submits this statement for the	purpose of cl	nanging its registered	d office or registered agent, or both,	
SIGNATURE:				01/31/2008		
	Electro	nic Signature of Registered Ag	ent		Date	
Election Car	mpaign Financir	g Trust Fund Contribution ().				
OFFICER	S AND DIREC	CTORS:	Α	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D (FAIN, BYRON P.O BOX 536 ORLANDO, FL		Na Ad	le: lme: dress: :y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P (PERSHING, JO P.O BOX 5360 ORLANDO, FL	008	Na Ad	le: ıme: dress: :y-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	STORY, LLOY	LLIPS BLVD. SUITE 50-239	Na Ad	le: ıme: dress: :y-St-Zip:	() Change () Addition	
Title:	s o	() Delete	Tit	le:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: BYRON FAIN D 01/31/2008