


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 11, 2005 08:00 AM
Secretary of State

DOCUMENT # P97000066720 1. Entity Name FROST LIGHTING CO. OF FLORIDA, INC.	
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Principal Place of Business PO BOX 146576 CHICAGO, IL 60614	Mailing Address PO BOX 146576 CHICAGO, IL 60614
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DO NOT WRITE IN THIS SPACE



07052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0772696	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	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	VPTD BRIAN H LEAHY 355 S END AVE NEW YORK, NY 10280
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVID KELLY 2240 N RACINE CHICAGO, IL 60614
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVEN O'CONNOR 9435 LAKE SIRENA DR BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETER MARKOWITZ BOX 83 BELLWIS RD FLEISCHMANN, NY 12430
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FRED S DEAR 405 NORTHFIELD AVE WEST ORANGE, NJ 07052
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000372049
07/11/05-80015-025 \$550.00

**DO NOT WRITE
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: David Kelly 6/7/05 312-642-7600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #