2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

DOCUMENT # P98000048838 Jan 31, 2007 08:00 AM **Secretary of State** CREATIVE LIGHTING AND ELECTRIC, INC. Principal Place of Business Mailing Address 5083 TAMIAMI TRAIL E. 5083 TAMIAMI TRAIL E. NAPLES FL 34113 NAPLES FL 34113 2. Principal Place of Business - No P O Box # 3, Mailing Address Suite Ant # etc Suite Apt. #. etc 1st MOORE CR2E034 (10/06) Cily & State Applied For City & State 4. FEI Number 59-3512575 Not Applicable Country Zιp Country Zip \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MORRIS, JOSEPH T JR. Street Address (P.O. Box Number is Not Acceptable) 5083 TAMIAMI TRAIL E. NAPLES FL 34113 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered effec 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 agont and title if applicable. (NOTE, Registered Agent signature required which reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ☐ Change 11113 ☐ Delete TITLE MORRIS, JOSEPH T JR. NAME NAMS U000000613613 5083 TAMIAMI TRAIL E. STREET ADDRESS STEET FLADDRESS 02/05/07-80046-002 150.00 NAPLES FL 34113 CITY ST ZIP CHY-ST-ZIP ☐ Change ■ Add:lion ☐ Delete NAME STINE LADDRESS STREET ADDRESS CHY-ST-7(P CHY-ST-ZIP ☐ Change Addition Delete mr mil NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY+SI-7IP Change Addition Delete NAMI STULLE ADDRESS STREET ADDRESS CHY-S1-7IP CHY-SE-ZIP Change ■ Addition Delete NAME NAME STRELL ADDRESS STREET ADDRESS CHY-S1-ZIP CHY-SI-7/P ☐ Change Addition TITLE Delete THEF NAME NAMI STREET ADDRESS STREET ADDRESS CHY+SI-7IP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 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

JOSEPH T. MORRIS, JR.

01/26/07

FILED