


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000088189 1. Entity Name LIGHTNING NETWORKS, INC.	
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Principal Place of Business P O BOX 1059 CROSS CITY, FL 32628	Mailing Address P O BOX 1059 CROSS CITY, FL 32628
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01152006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3526392	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 LANGFORD, CARLDON S STATE ROAD 349 OLD TOWN, FL 32628
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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 <u>Carlton S. Langford</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE <u>1/16/06</u> <small>(NOTE: Registered Agent signature required when reappointing)</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	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	D THORNTON, THOMAS H P O BOX 1557 N/A CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SNYDER, ERIC N P O BOX 1197 N/A CROSS CITY, FL 32680
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, CARLDON S P O BOX 1059 CROSS CITY, FL 32628
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>110000390612 01/24/06-80013-023 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: <u>Carlton S. Langford</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	DATE <u>1/16/06</u> (352) 492-6470 <small>Daytime Phone #</small>