FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)					FILED May 03, 2007 8:00 am Secretary of State	
DOCUMENT : 1. Entity Name	# P9900004	7758			05-03-2007 90046 035	***150.00
LIGHTHOUSE FINANCIAL GROUP OF NEW MEXICO, INC DO NOT WRITE IN THIS SPACE						
2. Principal Place of Business 4300 WEST CYPRESS STREET Suite, Apt. #, etc.		3. Mailing Addres P.O. BOX 18512 Suite, Apt. #, e			40103175 DO NOT WRITE IN THIS SPACE	
City & State TAMPA, FL		City & State TAMPA			4. FEI Number 59-3579996	Applied For Not Applicable
Zip 33607	Country USA	Zip 33679-8512	USA		5. Certificate of Status Desired	\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE				7. Nan Name ANDREW J M	ne and Address of Current Regis	terea Agent
				Street Address (P.O. Box Number is Not Acceptable) 4300 W CYPRESS STREET SUITE 800		
State of Florida. I SIGNATURE	am familiar with, a	and accept the obligation	ons of regis	TAMPA anging its regis stered agent.	stered office or registered agent, or	33607 both, in the
Signature, typed or printed name of registered agent and title i January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State				pplicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees		
10. TITLE		S AND DIRECTORS	11.			
NAME STREET ADDRESS CITY-ST-ZIP	ANDREW J MAY	SS ST SUITE 800	NA ST	ME REET ADDRES: <u>FY-ST-ZI</u> P	s	
TITLE NAME STREET ADDRESS CIT <u>Y-ST-ZIP</u>			NA ST	LE ME REET ADDRES: IY-ST-ZIP	S	
TITLE NAME STREET ADDRESS CITY- <u>ST-ZIP</u>			NA ST	'LE ME REET ADDRES: TY-ST-ZIP	s DO NOT W	/RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	'L E ME REET ADDRES: I <u>Y-ST-Z</u> IP	s IN THIS SE	PACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP			NA ST	LE ME REET ADDRES! TY-ST-ZIP	S	
TITLE NAME STREET ADDRESS CITY-ST-ZIP_			NA ST Cl	L E ME REET ADDRES: TY-ST-ZIP		
 I hereby certify that certify that the inforr as if made under oa 	nation indicated on t th; that I am an offic	his report or supplementa er or director of the corpor	ot qualify for I report is tr ration or the	r the exemption s ue and accurate receiver or trust	stated in Section 119.07(3)(i), Florida St and that my signature shall have the sa ee empowered to execute this report as h an address, with all other like empowe	me legal effect
	MMY ATURE AND TYPE	ANDREW N O OR PRINTED NAME OF		OFFICER OR D		13) 637-8305 aytime Phone #