2004 FOR PROFIT CORPORATION
ANNUAL REPORT

Jan 23, 2004 08:00 AM **DOCUMENT # P99000056333 Secretary of State** 1. Entity Name ILLUME LIGHTING, INC. Principal Place of Business Mailing Address 600 D NE 27TH STREET 600 D NE 27TH STREET POMPANO BEACH, FL 33064 POMPANO BEACH, FL 33064 01072004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-1042373 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent MARCUS, STEVEN DO NOT WRITE 600 D NE 27TH STREET POMPANO BEACH, FL 33064 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE MARCUS, STEVEN NAME STREET ADDRESS 600 D NE 27TH STREET POMPANO BEACH, FL 33064 CITY-ST-ZIP U00000010929 TITLE 01/23/04-80016-014 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

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 supplier port is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the corporation or the receiver of this report is 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 my many address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTO

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FILED