


2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000072430					
1. Entity Name LUMIN FISH INC.					
Principal Place of Business 1571 HIGHTOWER DR. UNIONTOWN, OH 44685			Mailing Address 1571 HIGHTOWER DR. UNIONTOWN, OH 44685		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 34-1955890	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 \$150.00 After May 1, 2012 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P HORN, DONALD E 1571 HIGHTOWER DR. UNIONTOWN, OH 44685		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000232253780 04/23/12--01043--029 **\$60.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HORN, CHERYL D 1571 HIGHTOWER DR. UNIONTOWN, OH 44685		TITLE NAME STREET ADDRESS CITY - ST - ZIP	000232253780 05/14/12--01015--008 **\$90.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MAY 14 2012 S. TONER	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]		TITLE NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	
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>Donald E Horn</u> <u>5-7-12</u> <u>NONE</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS					

FILED

2012 MAY 14 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04272012 Chg-P CR2E034 (12/11)

4. FEI Number 34-1955890 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

FILE NOW!!! FEE IS \$150.00
After May 1, 2012 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	HORN, DONALD E	
STREET ADDRESS	1571 HIGHTOWER DR.	
CITY - ST - ZIP	UNIONTOWN, OH 44685	

TITLE	V	<input type="checkbox"/> Delete
NAME	HORN, CHERYL D	
STREET ADDRESS	1571 HIGHTOWER DR.	
CITY - ST - ZIP	UNIONTOWN, OH 44685	

TITLE	[Empty]	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	[Empty]	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	[Empty]	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE	[Empty]	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	[Empty]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000232253780
04/23/12--01043--029 **\$60.00

TITLE	[Empty]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

000232253780
05/14/12--01015--008 **\$90.00

TITLE	[Empty]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	[Empty]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	[Empty]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	[Empty]
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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SIGNATURE: Donald E Horn 5-7-12 NONE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE E-MAIL ADDRESS