

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

04-12-2006 90106 043 ***150.00

DOCUMENT # S59725

1. Entity Name
FLORIDA ARCHITECTURAL LIGHTING, INC.



Principal Place of Business 1915 NE 45TH STREET SUITE 208 FT LAUDERDALE, FL 33308 US	Mailing Address 1915 NE 45TH STREET SUITE 208 FT LAUDERDALE, FL 33308 US
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66013139



03262006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0268069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LERCHER, ELLIOTT
 10461 SW 18TH ST
 FORT LAUDERDALE, FL 33324

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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: *Jane Cohen* *Frank Stanley* *5/18/06*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS COHEN, JANE 3325 NE 42ND CT FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STANLEY, COTTEN 1915 NE 45TH ST #208 FORT LAUDERDALE, FL 33308
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *Jane Cohen* *5/24/06* *854-4890337*
SIGNATURE AND TYPED OR PRINTED NAME OF EXECUTIVE OFFICER OR DIRECTOR Date Daytime Phone #