

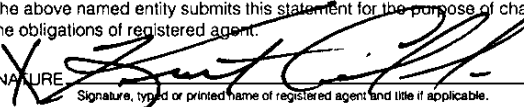
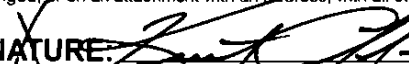


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90053 030 ***150.00

| | | | | | |
|--|---|---|--|---|--|
| DOCUMENT # V72519 1. Entity Name LIGHTHOUSE SYSTEMS INC. | | | |  | |
| Principal Place of Business 5120 FOXHALL PLACE WEST PALM BEACH, FL 33417 | | | Mailing Address 5120 FOXHALL PLACE WEST PALM BEACH, FL 33417 | | |
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | <div style="font-size: 1.2em; font-weight: bold;">40016893</div>  <div style="display: flex; justify-content: space-between; font-size: 0.8em;"> 01172007 Chg-P CR2E034 (12/06) </div> | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 65-0361524 | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent KURTZ, JOHN W 721 US 1 STE 121 JUNO BEACH, FL 33408 | | | 7. Name and Address of New Registered Agent Name KEITH COLOMBO Street Address (P.O. Box Number is Not Acceptable) 2319 PALM DEER DRIVE City LOXAHATCHEE FL Zip Code 33470 | | |
| 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. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. </div> <div style="width: 40%; text-align: center;"> 2/12/07 DATE </div> <div style="width: 20%; text-align: center;"> (NOTE: Registered Agent signature required when reinstating) </div> </div> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <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 ELWELL, HOWARD 12454 184TH CT NORTH JUPITER, FL 33478 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P, S COLOMBO, KEITH 2319 PALM DEER DRIVE LOXAHATCHEE, FL 33470 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T OWEN, DAVID 5120 FOXHALL PLACE WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | V, T OWEN, DAVID 5120 FOXHALL PLACE WEST PALM BEACH, FL 33417 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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. | | | | | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR </div> <div style="width: 30%;"> KEITH COLOMBO, PRES. </div> <div style="width: 10%; text-align: center;"> 2/12/07 Date </div> <div style="width: 10%; text-align: center;"> 561-790-2050 Daytime Phone # </div> </div> | | | | | |