

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V72519

FILED  
Apr 30, 2008  
Secretary of State

Entity Name: LIGHTHOUSE SYSTEMS INC.

## Current Principal Place of Business:

5120 FOXHALL PLACE  
WEST PALM BEACH, FL 33417

## New Principal Place of Business:

## Current Mailing Address:

5120 FOXHALL PLACE  
WEST PALM BEACH, FL 33417

## New Mailing Address:

FEI Number: 65-0361524

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COLUMBO, KEITH  
2319 PALM DEER DR.  
LOXAHATCHEE, FL 33470 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PS ( ) Delete  
Name: COLUMBO, KEITH  
Address: 2319 PALM DEER DR.  
City-St-Zip: LOXAHATCHEE, FL 33470

Title: T ( ) Delete  
Name: OWEN, DAVID  
Address: 5120 FOXHALL PLACE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VT (X) Delete  
Name: OWEN, DAVID  
Address: 5120 FOXHALL PLACE  
City-St-Zip: WEST PALM BEACH, FL 33417

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VT (X) Change ( ) Addition  
Name: OWEN, DAVID  
Address: 5120 FOXHALL PLACE  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID OWEN

V

04/30/2008

Electronic Signature of Signing Officer or Director

Date