
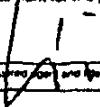



**FILED**  
**Jul 02, 2008 8:00 am**  
**Secretary of State**

05-27-2008 90044 046 \*\*\*150.00

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT # P02000108446			
1. Entity Name ILLUMINATED OBJECTS, INC.			
Principal Place of Business 6372 LA COSTA DRIVE 306 BOCA RATON, FL 33433		Mailing Address P.O. BOX 812612 BOCA RATON, FL 33481	
2. Principal Place of Business - No P.O. Box # 1444 DUCK HORN ST NW Suite, Apt. #, etc.		3. Mailing Address 1444 DUCK HORN ST NW Suite, Apt. #, etc.	
City & State CONCORD NC		City & State CONCORD NC	
Zip 28027		Country USA	
4. FEI Number 06-1652667		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 LIPINSKI, ADRIAN 6372 LA COSTA DRIVE 306 BOCA RATON, FL 33433		7. Name and Address of New Registered Agent Name E Dana Geberovich Street Address (P.O. Box Number is Not Acceptable) 200 Leslie Dr. Apt. 723 City Hallandale FL Zip Code 33008	
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 fee if applicable. (NOTE: Registered Agent signature required when remaining)		DATE 5/10/08	
FILE NOW! - PRE 16-644-00 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT LIPINSKI, ADRIAN 6372 LA COSTA DRIVE APT 306 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	PT LIPINSKI ADRIAN 1444 DUCK HORN ST NW CONCORD NC 28027 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS SILVA BATISTA, TAINA 6372 LA COSTA DRIVE APT 306 BOCA RATON, FL 33433 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	VS SILVA BATISTA TAINA 1444 DUCK HORN ST NW CONCORD NC 28027 <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.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		ADRIAN LIPINSKI PT 5/10/08 Date Daytime Phone #	

66014986



05122008 Chg-P CR2E034 (12/08)