

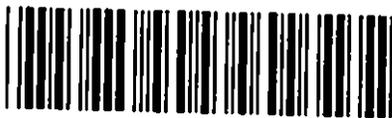


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 Filing Fee: \$50.00
 (FORM MUST BE TYPED OR PRINTED IN BLOCK)

1. Corporate ID No. 135147		2. Name of Corporation STROBES N' MORE, INC.					
3. Street Address Principal Business Office 57C SHORE ROAD				City WESTERLY	State RI	Zip 02891	
4. Business Phone No. 401-348-0141			5. State of Incorporation RHODE ISLAND			6. SIC Code 50	
7. Brief Description of the Character of Business Conducted in Rhode Island SALE AND DISTRIBUTION OF EMERGENCY LIGHTING EQUIPMENT							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name LOUIS I. MISTO II				Vice President Name CHRISTINE M. MISTO			
Street Address 55 FAIRWAY AVE.				Street Address 5 So. FAIRWAY DRIVE			
City WESTERLY	State RI	Zip 02891		City WESTERLY	State RI	Zip 02891	
Secretary Name CHRISTINE MISTO				Treasurer Name LOUIS I. MISTO III			
Street Address 5 So. FAIRWAY AVE.				Street Address 5 So. FAIRWAY AVE.			
City WESTERLY	State RI	Zip 02891		City WESTERLY	State RI	Zip 02891	
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
Director Name LOUIS I. MISTO III				Director Name			
Street Address 5 So. FAIRWAY AVE.				Street Address			
City WESTERLY	State RI	Zip 02891		City	State	Zip	
Director Name				Director Name			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
AUTHORIZED SHARES				ISSUED SHARES			
Number of Shares	Class/Series	Par Value		Number of Shares	Class/Series	Par Value	
1,000	NO	PAR VALUE		0			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 6-3-05
 Check No. 2656
 By: OW
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1-15-05
 Signature of Officer Date
 LOUIS I. MISTO III
 Print or Type Name of Officer
 PRESIDENT
 Title of Officer



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City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891
Secretary Name CHRISTINE M. MISTO			Treasurer Name LOUIS I. MISTO III		
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City WESTERLY	State RI	Zip 02891	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
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ISSUED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			1000		NO PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 3 5 1 4 7 *

File Date 3/17/04
Check No. 1996
By: LS
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 3-15-04
Signature of Officer Date
LOUIS MISTO
Print or Type Name of Officer
PRESIDENT
Title of Officer