


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2005 08:00 AM
Secretary of State

DOCUMENT # F99000006551
 1. Entity Name
 SEE OPTICS, INC.



Principal Place of Business
 19800 WEST EIGHT MILE ROAD
 SOUTHFIELD, MI 48075

Mailing Address
 19800 WEST EIGHT MILE ROAD
 SOUTHFIELD, MI 48075



DO NOT WRITE IN THIS SPACE

07112005 No Chg-P CR2E034 (10/03)

4. FEI Number
 38-3367543 Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
Due by September 7, 2005

9. Election Campaign Financing Trust Fund Contribution. \$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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GOLDEN, RICHARD S 19800 WEST EIGHT MILE ROAD SOUTHFIELD, MI 48075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD GOLDEN, RANDAL E 19800 WEST EIGHT MILE ROAD SOUTHFIELD, MI 48075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T LIES, JAMES E 19800 WEST EIGHT MILE ROAD SOUTHFIELD, MI 48075
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

100000373588
 07/19/05-80005-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: James E. Lies James Lies 7/13/05 248 354-7100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #