

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 29, 2005  
Secretary of State**

DOCUMENT# J94535

Entity Name: DML OPTICAL, INC.

**Current Principal Place of Business:**

3435 49TH ST N  
ST. PETERSBURG, FL 33710 US

**New Principal Place of Business:**

**Current Mailing Address:**

3435 49TH ST N  
ST. PETERSBURG, FL 33710 US

**New Mailing Address:**

FEI Number: 59-2846714      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SKALSKI, JOSEPH C ESQ.  
13770 58TH ST N  
SUITE 304  
CLEARWATER, FL 33760 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: D ( ) Delete  
Name: FLOOD, LYNDIA K.,  
Address: 3435 49TH ST N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D ( ) Delete  
Name: KONCZAL, SUSAN M.  
Address: 3435 49TH ST N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

Title: D ( ) Delete  
Name: KONCZAL, JOSEPHINE,  
Address: 3435 49TH ST N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LYNDIA K. FLOOD

OWNE

04/29/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date