
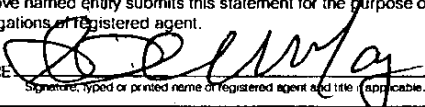
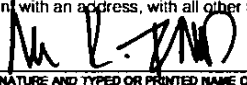


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2006 8:00 am**  
**Secretary of State**

03-15-2006 90118 020 \*\*\*158.75

<b>DOCUMENT # J94535</b>					
1. Entity Name DML OPTICAL, INC.					
Principal Place of Business 3435 49TH ST N ST. PETERSBURG, FL 33710 US			Mailing Address 3435 49TH ST N ST. PETERSBURG, FL 33710 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2846714	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SKALSKI, JOSEPH C ESQ. 13770 58TH ST N SUITE 304 CLEARWATER, FL 33760				Name Macy, Stephen A CPA	
				Street Address (P.O. Box Number is Not Acceptable) 13770 58th St. No. Suite 304	
				City Clearwater, FL Zip Code 33760	
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 		Stephen A. Macy		2/29/06	
SIGNED, TYPED OR PRINTED NAME OF REGISTERED AGENT AND TITLE (APPLICABLE)		(NOTE: Registered Agent signature required when re-registering)		DATE	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FLOOD, LYNDA K.	NAME			
STREET ADDRESS	3435 49TH ST N	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONCZAL, SUSAN M.	NAME			
STREET ADDRESS	3435 49TH ST N	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KONCZAL, JOSEPHINE	NAME			
STREET ADDRESS	3435 49TH ST N	STREET ADDRESS			
CITY-ST-ZIP	ST. PETERSBURG, FL 33710	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
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: 			2-28-06		727-522-8423
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #