

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J94535

Entity Name: DML OPTICAL, INC.

FILED  
Mar 15, 2011  
Secretary of State

**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:**

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

FEI Number: 59-2846714

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACY, STEPHEN A CPA  
13770 58TH ST N  
SUITE 304  
CLEARWATER, FL 33760 US

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

BROOKE, WILLIAM J  
4701 CENTRAL AVE.  
SUITE C  
ST. PETERSBURG, FL 33713 US

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: WILLIAM J. BROOKE

03/15/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: O  
Name: FLOOD, LYNDA K.  
Address: 3435 49TH ST N  
City-St-Zip: ST. PETERSBURG, FL 33710 US

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

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

I hereby 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 all other like empowered.

SIGNATURE: LYNDA K, FLOOD

O

03/15/2011

Electronic Signature of Signing Officer or Director

Date