2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED Mar 20, 2006 08:00 AM Secretary of State **DOCUMENT # P03000045608** 1. Entity Name EMC OPTICS, INC. Principal Place of Business Mailing Address 959 WEST AVE 959 WEST AVE SUITE 6 SUITE 6 MIAMI BEACH, FL 33139 MIAMI BEACH, FL 33139 03152006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4529418 Not Applicat \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent CIMBLER, ELIAS M DO NOT WRITE 4101 PINE TREE DRIVE #1503 MIAMI BEACH, FL 33140 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. 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 After May 1, 2006 Fee will be \$550.00 Election Campaign Financing U00000473381 \$5.00 May Be Trust Fund Contribution, 03/31/06-8**0014-01**5 **150.0**0 Added to Fees OFFICERS AND DIRECTORS 10. PO TITLE CIMBLER, ELIAS M NAME STREET ADDRESS 4101 PINE TREE DRIVE #1503 MIAMI BEACH, FL 33140 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-702

SIGNING OFFICER OR DIRECTOR

305-934-8457