


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000074753

1. Entity Name
WIZARD OF EYES, INC.



Principal Place of Business
**22629 SOUTH SHORE DRIVE
LAND O LAKES, FL 34639**

Mailing Address
**22629 SOUTH SHORE DRIVE
LAND O LAKES, FL 34639**



04262004 No Chg-P CF2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3402300

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
**WATKINS, CARL T CPA
5103 MEMORIAL HWY
TAMPA, FL 33634**

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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 filed in record books of registered agent and the State office. INC/E Registered Agent's signature required when re-issuing. DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE P	SELDIN, JAMES E 22629 SOUTH SHORE DRIVE LAND O LAKES, FL 34639
TITLE VP	CHARLAND, DONNA 22629 SOUTH SHORE DRIVE LAND O LAKES, FL 34639
TITLE T	SELDIN, SUZANNAH R 12710 TALL PINE DR TAMPA, FL 33625
TITLE 	
TITLE 	
TITLE 	

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04/30/04-80006-007 158.75

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(a), 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 words empowered.

SIGNATURE:  **4/23/04**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date of Filing