

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000008426

Entity Name: FUTURE OPTICS INC.

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

13191 STARKEY RD
STE 9
LARGO, FL 33733

New Principal Place of Business:

13191 STARKEY RD
STE 4
LARGO, FL 33733

Current Mailing Address:

13191 STARKEY RD
STE 9
LARGO, FL 33733

New Mailing Address:

13191 STARKEY RD
STE 4
LARGO, FL 33733

FEI Number: 59-3488675

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZELMER, JAMES P
9257 RUSTIC PINES BLVD
SEMINOLE, FL 33776 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: DV () Delete
Name: ZELLMER, JAMES P
Address: 9257 RUSTIC PINES BLVD
City-St-Zip: SEMINOLE, FL 33776

Title: D () Delete
Name: FRAIN, PAUL C
Address: 320 6TH AVE
City-St-Zip: INDIAN ROCKS BCH, FL 33785

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 Chapter 119, 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: JAMES ZELLMER

JZ

01/09/2006

Electronic Signature of Signing Officer or Director

_____ Date