2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 23, 2007 08:00 All Secretary of State **DOCUMENT # 266572** 1. Entity Name GLOBAL CONTACT LENS, INC. Principal Place of Business Mailing Address 3991 NW 26TH ST. 3991 NW 26TH ST. MIAMI, FL 33142-6727 MIAMI, FL 33142-6727 01042007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1002404 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 5. Name and Address of Current Registered Agent CANCIO, ERNEST A DO NOT WRITE 320 SOUTH ROYAL POINCIANA BLVD. MIAMI SPRINGS, FL 33166 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 DATE Signature, typed or printed name of registered epent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE, IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TS TITLE GRAVES, DAVID A NAME **3701 PARK AVENUE** STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33133 U00000726185 05/03/07-80052-021 150.00 TITLE SMOKE, JOHN JR NAME STREET ADDRESS 2261 LAKES OF BELVOURNE CITY-ST-ZIP MELBOURNE, FL TITLE NAME CANCIO, ERNEST A STREET ADDRESS 320 S. ROYAL POINCIANA DO NOT WRITE CITY-ST-ZIP MIAMI SPRINGS, FL. 33166 IN THIS SPACE TITLE NALE CANCIO, MARIA 320 S. ROYAL POINEIANA BLVD. STREET ADDRESS CITY-ST-ZIP MIAMI SPRINGS, FL 33166 TITLE NAME

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: Skeeny

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP