2005 FOR PROFIT CORPORATION ANNUAL REPORT

Jul 05, 2005 08:00 AM. Secretary of State **DOCUMENT # 418745** 1. Entity Name APEX OPTICAL COMPANY, INC. Principal Place of Business Mailing Address 306 GOODLAND RD. P.O. BOX 614001 ORLANDO, FL 32811 ORLANDO, FL 32861 No Chg-P 06292005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1445266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent BERMAN, JED A DO NOT WRITE 180 S. KNOWLES AVENUE WINTER PARK, FL 32789 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) 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE NAME DODGE, ROBERT A. STREET ADDRESS 306 GOODLAND RD U00000370454 07/05/05-80016-002 150.00 CITY-ST-ZIP ORLANDO, FL 32811 TITLE NAME DODGE, GREGG A. STREET ADDRESS 306 GOODLAND RD CITY-ST-ZIP ORLANDO, FL 32811 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 outh, 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:

CITY-ST-ZIP

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-29-05 467-208-1200

FILED