2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jul 07, 2006 08:00 AN Secretary of State **DOCUMENT #418745** 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 07052006 CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-1445266 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 6, 2006 10. OFFICERS AND DIRECTORS TITLE DODGE, ROBERT A. NAME STREET ADDRESS 306 GOODLAND RD CITY-ST-ZIP ORLANDO, FL 32811 TITLE DODGE, GREGG A. NAME STREET ADDRESS 306 GOODLAND RD CITY-ST-ZIP ORLANDO, FL. 32811 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-7IP TITLE IN THIS SPACE 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 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 fructee 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 w

SIGNATURE

CITY-ST-ZIP TITLE NAME STREET ADDRESS