

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544669

FILED  
Feb 14, 2007  
Secretary of State

Entity Name: OCULAR PROSTHETICS LAB, INC.

## Current Principal Place of Business:

1310 W. COLONIAL DR.  
STE. 17  
MELBOURNE, FL 32935 US

## New Principal Place of Business:

36 W. ILLIANA STREET  
ORLANDO, FL 32806 US

## Current Mailing Address:

P.O. BOX 361216  
MELBOURNE, FL 329361216 US

## New Mailing Address:

FEI Number: 59-1766126      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BOWEN, JAMES R JR  
1310 W. COLONIAL DR.  
SUITE 17  
ORLANDO, FL 32804 US

## Name and Address of New Registered Agent:

BOWEN, JR., JAMES R  
36 W. ILLIANA STREET  
ORLANDO, FL, FL 32806 US

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: JAMES R BOWEN JR

02/14/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: BOWEN, JR, JAMES R P  
Address: 2614 CEDAR BLUFF LN  
City-St-Zip: OCOEE, FL 34761

Title: D ( ) Delete  
Name: BOWEN III, JAMES R  
Address: 2614 CEDAR BLUFF LANE  
City-St-Zip: OCOEE, FL 34761

Title: VP ( ) Delete  
Name: BOWEN, CYNTHIA M  
Address: 2614 CEDAR BLUFF LANE  
City-St-Zip: OCOEE, FL 34761

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: BOWEN, III, JAMES R  
Address: 2614 CEDAR BLUFF LANE  
City-St-Zip: OCOEE, FL 34761

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 R. BOWEN JR.

P

02/14/2007

Electronic Signature of Signing Officer or Director

Date