

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544669

FILED
May 01, 2008
Secretary of State

Entity Name: OCULAR PROSTHETICS LAB, INC.

Current Principal Place of Business:

36 W. ILLIANA STREET
ORLANDO, FL 32806 US

New Principal Place of Business:

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: BOWEN, JR, JAMES R BCO
Address: 2614 CEDAR BLUFF LN
City-St-Zip: OCOEE, FL 34761

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

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

Title: D () Change (X) Addition
Name: CRAVINHOS, ANGELIQUE J RN
Address: 20913 ST. ANDREWS BLVD, APT. 62
City-St-Zip: BOCA RATON, FL 33433

I hereby certify that the information supplied with this filing does not qualify 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.

PRES

05/01/2008

Electronic Signature of Signing Officer or Director

Date