

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544669

FILED  
Apr 16, 2010  
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 ( )**

**Name and Address of Current Registered Agent:**

BOWEN, JR., JAMES R  
36 W. ILLIANA STREET  
ORLANDO, 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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

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

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

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

Title: D  
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 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 all other like empowered.

SIGNATURE: JAMES R. BOWEN, JR.

PRES

04/16/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date