

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 544669

FILED
Apr 30, 2012
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:

36 W. ILLIANA STREET
ORLANDO, FL 32806 US

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:

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

04/30/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: D
Name: CRAVINHOS, ANGELIQUE B RN
Address: 2238 ARBOR WALK CIRCLE, APT. 1813
City-St-Zip: NAPLES, FL 34109

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: CYNTHIA M. BOWEN

VP

04/30/2012

Electronic Signature of Signing Officer or Director

Date