

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 549774

FILED
Apr 26, 2007
Secretary of State

Entity Name: AU COURANT OPTICIANS, INC.

Current Principal Place of Business:

9700 COLLINS AVENUE
#203
BAL HARBOUR, FL 33154

New Principal Place of Business:

Current Mailing Address:

9700 COLLINS AVENUE
#203
BAL HARBOUR, FL 33154

New Mailing Address:

FEI Number: 59-1866282 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SIEGEL, ROBERT
ONE TOWN SQUARE STE. 1835
SOUTHFIELD, MI, FL 48076 US

Name and Address of New Registered Agent:

SIEGEL, ROBERT
ONE TOWN SQUARE STE. 1835
SOUTHFIELD, MI, FL 48076 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:

04/26/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VPDC () Delete
Name: BENNETT, HERMAN,
Address: 3370 HIDDEN BAY DRIVE #313
City-St-Zip: AVENTURA, FL 33180

Title: STDP (X) Delete
Name: BENNETT, STEVEN
Address: 1410 FOLKSTONE
City-St-Zip: ANN ARBOR, MI 48105

Title: D () Delete
Name: BENNETT, GERALDINE
Address: 3370 HIDDEN BAY DRIVE #313
City-St-Zip: AVENTURA, FL 33180

Title: PASD () Delete
Name: DICOSMO, NANCY JO
Address: 3105 WOODSLEE DR
City-St-Zip: ROYAL OAK, MI 48073

Title: D () Delete
Name: DIBARTOLOMEO, TAWNY
Address: 1101 98TH ST
City-St-Zip: MIAMI, FL 33154

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: NANCY DICOSMO

PASD

04/26/2007

Electronic Signature of Signing Officer or Director

Date