




**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 630248</b>			
1. Entity Name <b>COVE OPTICAL COMPANY</b>			
Principal Place of Business <b>COVE SHOPPING CENTER 1609 SE 3RD CT DEERFIELD BEACH FL, 33441</b>		Mailing Address <b>3940 NE 31ST AVE LIGHTHOUSE POINT, FL 33064 US</b>	
<b>DO NOT WRITE IN THIS SPACE</b>			
			
		01272006 No Chg-P CR2E034 (11/05)	
4. FEI Number <b>59-1926328</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>BRUNO, ANDREW F 3940 NE 31ST AVE LIGHTHOUSE POINT, FL 33064</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
		000000456602 03/16/06-80035-016 150.00	
<b>10. OFFICERS AND DIRECTORS</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRUNO, ANDREW F 3940 NE 31ST AVE LIGHTHOUSE PT FL,		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BRUNO, FRANCES 3940 N. E. 31 AVENUE LIGHTHOUSE PT FL,		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		3/3/06 954 437-6363	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	