

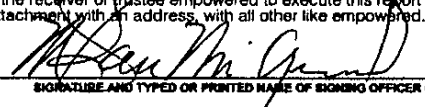


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 18, 2007 08:00 AM
Secretary of State

DOCUMENT # 716755			
1. Entity Name LAUDERDALE BY THE SEA LIONS EYE FOUNDATION, INC.			
Principal Place of Business 4442 SEA GRADE DR. LAUDERDALE BY THE SEA, FL 33308 US		Mailing Address 4442 SEA GRADE DR. LAUDERDALE BY THE SEA, FL 33308 US	
DO NOT WRITE IN THIS SPACE			
			
		01152007 No Chg-NP CR2E037 (4/06)	
		4. FEI Number 23-7036268	Applied For <input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SAN MIGUEL, MIKE 4442 SEAGRAPE DR. LAUDERDALE BY THE SEA, FL 33308		DO NOT WRITE IN THIS SPACE	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000530994 01/19/07-80004-025 61.25
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D PEARSON,NELS 3100 NE 49TH TERR FT.LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAN MIGUEL, MICHAEL 4442 SEA GRAPE DR LAUDERDALE BY SEA, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NELS PEARSON 3100 NE 49TH TERR FT.LAUDERDALE, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIO, JOHN DEL 7045 NW 72ND TERRACE BOCA RATON, FL 33487		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 supplementary 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 617, 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: 		1/15/07	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	