2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

8/22/2006-90030-028-$61.25-$61.25

FILED

06 SEP 28 PM 3:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 732493

1. Entity Name

SECOND SIGHT TAPING STUDIO, INC.

Principal Place of Business	Mailing Address
2153 SE OCEAN BLVD STUART FL 34996 US	2153 SE OCEAN BLVD STUART FL 34996 US

2nd MOORE CR2E037 (4/06)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 51-0177933 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

TURNER, SARAH D
789 SW 31ST STREET
PALM CITY FL 34990

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 Sarah D. Turner 8/15/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when consisting) DATE

FILE NOW: FEE IS $61.25
Due By September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAUPT, RICHARD 7965 FAIRWAY LANE WEST PALM BEACH FL 33412	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LARRY SPEVAK 422 SE MAJESTIC TERR. PORT ST LUCIE, FL 34983	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GRANT, JJOHN 1194 LIGHTHOUSE DR PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MC GRODER, NATALIE 2501 SE PETIT LANE PORT SAINT LUCIE FL 34952	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKIE RUSCH 5297 ANHINGA AVE PALM CITY, FL 34990	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TURNER, SARAH D 789 SW 31ST STREET PALM CITY FL 34990	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVP CARDENAS, ALEX 3256 SE ST LUCIE BLVD STUART FL 34994	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WENTZ, RENEE 21845 SW SPOONBILL DR PALM CITY FL 34990	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LINDA MACHADO 909 TREASURE RD STUART, FL 34994	☒ Change ☐ Addition

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 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: Sarah D. Turner SARAH D TURNER 9/11/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

JC 9/28