


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

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # 763531 1. Entity Name FLORIDA ACADEMY OF OPTOMETRY, INC.	
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Principal Place of Business 3005 SE 22ND PL CAPE CORAL FL 33904	Mailing Address 3005 SE 22ND PL CAPE CORAL FL 33904
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip Country

1st MOORE CR2E037 (10/05)

4. FEI Number **59-2247543** Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

**YOUNG, ARTHUR
3005 SE22ND PL
CAPE CORAL FL 33904**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 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	
TITLE	D <input type="checkbox"/> Delete WALEY, SUSAN 600 S ORLANDO AVE STE 30 MAITLAND FL 32751
TITLE	PD <input type="checkbox"/> Delete YOUNG, ARTHUR 3005 SE 22ND PLACE CAPE CORAL FL 33904
TITLE	ST <input type="checkbox"/> Delete WILSON, ROBERT 600 S ORLANDO AVE STE 300 MAITLAND FL 32751
TITLE	D <input type="checkbox"/> Delete CADY, MIKE OD 1089 W GRANADA BLVD #4 ORMOND BEACH FL 32174
TITLE	V <input type="checkbox"/> Delete MONROE, PAUL OD 25073 MARION AVE PUNTA GORDA FL 33950
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

U00000395731
01/27/06-80004-011 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: Arthur Young 1-19-06 239/592465