2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005
Secretary of State

DOCUMENT# F00000003976

Entity Name: LASER VISION CENTERS, INC.

Current Principal Place of Business:

540 MARYVILLE CENTRE DRIVE, SUITE 200
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

540 MARYVILLE CENTRE DRIVE, SUITE 200
ST. LOUIS, MO 63141

New Mailing Address:

FEI Number: 43-1530063 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEOD ( ) Delete
Name: VAMVAKAS, ELIAS
Address: 5280 SOLAR DRIVE
City-St-Zip: MISSISSAUGA, ON CANADA, L4W 5M8

Title: DS ( ) Delete
Name: MAY, ROBERT W
Address: 540 MARYVILLE CENTRE DRIVE, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: VT ( ) Delete
Name: BONO, B. CHARLES
Address: 540 MARYVILLE CENTRE DRIVE, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: COPD (X) Delete
Name: WACHTMAN, JAMES C
Address: 540 MARYVILLE CENTRE DRIVE, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEOD (X) Change ( ) Addition
Name: WACHTMAN, JAMES C
Address: 540 MARYVILLE CENTRE DRIVE, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: SD (X) Change ( ) Addition
Name: ANDREW, BRIAN L
Address: 540 MARYVILLE CENTRE DRIVE, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

Title: TD (X) Change ( ) Addition
Name: RASCHE, STEVEN P
Address: 540 MARYVILLE CENTRE DRIVE, SUITE 200
City-St-Zip: ST. LOUIS, MO 63141

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 Section 119.07(3)(i), 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: BRIAN L. ANDREW SD 04/28/2005

Electronic Signature of Signing Officer or Director Date