


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

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

DOCUMENT # F00120 1. Entity Name DUNDEE OPTICALS, INC.		
Principal Place of Business 100 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770	Mailing Address 100 N. INDIAN ROCKS ROAD BELLEAIR BLUFFS, FL 33770	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent RAYMOND, J. PAUL 400 CLEVELAND ST. CLEARWATER, FL 34615		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUNDEE, JIMMY S. 2510 ROLLING VIEW DRIVE DUNEDIN, FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD DUNDEE, CATHERINE V. 2510 ROLLING VIEW DRIVE DUNEDIN, FL 34698	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RAYMOND, J. PAUL 400 CLEVELAND ST. CLEARWATER, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 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: <u><i>Jimmy S. Dundee</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>1/17/06</u> <u>(727)584-0730</u> <small>Date Daytime Phone #</small>



01172006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2028405	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

000001395339
01/26/06-80046-023 150.00

**DO NOT WRITE
IN THIS SPACE**