




# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F00120</b> 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		
<b>DO NOT WRITE IN THIS SPACE</b>				
				 04142008 No Chg-P CR2E034 (11/05)
		4. FEI Number 59-2028405		Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent  RAYMOND, J. PAUL 400 CLEVELAND ST. CLEARWATER, FL 34615		<b>DO NOT WRITE IN THIS SPACE</b>		
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) DATE</small>				
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS		 04/28/08-80037-020 150.00  <b>DO NOT WRITE IN THIS SPACE</b>		
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>Jimmy S. Dundee</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/13/08</u> Daytime Phone # <u>727-5840730</u>		