2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000951

Entity Name: OPTIMAL ROBOTICS INC.

FILED May 18, 2006 Secretary of State

| Current Principal Place of Business: | | | New Principal Place | New Principal Place of Business: | |
|---|--|---|---|--|--|
| 3500 DE MAISONNEUVE BLVD. WEST 2 PLACE ALEXIS-NIHON, SUITE 1700, H3Z 3C1 MONTREAL, QUEBEC, CANADA, XX | | | 2 PLACE ALEXIS-NII | 3500 DE MAISONNEUVE BLVD. WEST 2 PLACE ALEXIS-NIHON, SUITE 1700, H3Z 3C1 MONTREAL, QUEBEC, CANADA, CA H3Z3C1 | |
| Current Mailing Address: | | | New Mailing Addres | New Mailing Address: | |
| 2 PLACE A | AISONNEUVE I LEXIS-NIHON, L, QUEBEC, CA | SUITE 1700, H3Z 3C1 | 3500 DE MAISONNE 2 PLACE ALEXIS-NII MONTREAL, QUEBE | UVE BLVD. WEST HON, SUITE 1700, H3Z 3C1 EC, CANADA, CA H3Z3C1 XX | |
| FEI Number: | 14-1825334 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of Cu | rrent Registered Agent: | Name and Address | of New Registered Agent: | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US | | | | | |
| The above in the State | named entity su of Florida. | bmits this statement for the purp | pose of changing its register | ed office or registered agent, or both, | |
| SIGNATUR | E: | | | | |
| | Electronic | Signature of Registered Agent | | Date | |
| Election Cam | | 2)(b), F.S., the corporation did not re Frust Fund Contribution (). ORS: | · | SES TO OFFICERS AND DIRECTORS | |
| - | | | | | |
| Title: | P ()D | elete | Title: | () Change () Addition | |
| Name: Address: | P () C SULLIVAN, BRIAN 7350 TRANS-CAN | 1 M | Title: Name: Address: | () Change () Addition | |
| Name: | SULLIVAN, BRIAN 7350 TRANS-CAN | 1 M | Name: | () Change () Addition | |
| Name: Address: City-St-Zip: Title: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () D | NM NADIENNE BEC, CA H4T 1A3 Velete | Name: Address: City-St-Zip: Title: | () Change () Addition () Change () Addition | |
| Name: Address: City-St-Zip: | SULLIVAN, BRÍAN 7350 TRANS-CAN MONTREAL, QUE | NM NADIENNE BEC, CA H4T 1A3 Velete K | Name: Address: City-St-Zip: | | |
| Name: Address: City-St-Zip: Title: Name: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () D ALCARAZ, FRANI 7350 TRANS-CAN | NM NADIENNE BEC, CA H4T 1A3 Velete K | Name: Address: City-St-Zip: Title: Name: | | |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () D ALCARAZ, FRANI 7350 TRANS-CAN MONTREAL, QUE V () D | N M NADIENNE EBEC, CA H4T 1A3 Pelete K NADIENNE EBEC, CA H4T 1A3 | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: | | |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () D ALCARAZ, FRANI 7350 TRANS-CAN MONTREAL, QUE V () D WECHSLER, GAI | N M NADIENNE EBEC, CA H4T 1A3 Pelete K NADIENNE EBEC, CA H4T 1A3 | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | () Change() Addition | |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () C ALCARAZ, FRANI 7350 TRANS-CAN MONTREAL, QUE V () C WECHSLER, GAN 3500 DE MAISON | N M NADIENNE BEC, CA H4T 1A3 Relete K NADIENNE BEC, CA H4T 1A3 Relete RY | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: | () Change() Addition | |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () C ALCARAZ, FRANI 7350 TRANS-CAN MONTREAL, QUE V () C WECHSLER, GAN 3500 DE MAISON MONTREAL, QUE S () C | N M NADIENNE EBEC, CA H4T 1A3 Relete K NADIENNE EBEC, CA H4T 1A3 Relete RY INEUVE BLVD. WEST, #1700 EBEC, CA H3Z 3C1 | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Title: Title: | () Change() Addition | |
| Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () C ALCARAZ, FRANI 7350 TRANS-CAN MONTREAL, QUE V () C WECHSLER, GAN 3500 DE MAISON MONTREAL, QUE S () C GARFINKLE, LEC | N M NADIENNE EBEC, CA H4T 1A3 Relete K NADIENNE EBEC, CA H4T 1A3 Relete RY INEUVE BLVD. WEST, #1700 EBEC, CA H3Z 3C1 Relete RN | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | () Change () Addition () Change () Addition | |
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| Name: Address: City-St-Zip: Title: | SULLIVAN, BRIAN 7350 TRANS-CAN MONTREAL, QUE V () C ALCARAZ, FRANI 7350 TRANS-CAN MONTREAL, QUE V () C WECHSLER, GAI 3500 DE MAISON MONTREAL, QUE S () C GARFINKLE, LEC 3500 DE MAISON MONTREAL, QUE V () C MCKENNA, O. BR 3500 DE MAISON MONTREAL, QUE V (X) C | N M NADIENNE EBEC, CA H4T 1A3 Relete K NADIENNE EBEC, CA H4T 1A3 Relete RY INEUVE BLVD. WEST, #1700 EBEC, CA H3Z 3C1 Relete N INEUVE BLVD. WEST, #1700 EBEC, CA H3Z 3C1 Relete NADIENNE RELETE | Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: | () Change () Addition () Change () Addition () Change () Addition | |
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I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: LEON GARFINKLE SE 05/18/2006