

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000951

FILED
May 18, 2006
Secretary of State

Entity Name: OPTIMAL ROBOTICS INC.

Current Principal Place of Business:

3500 DE MAISONNEUVE BLVD. WEST
2 PLACE ALEXIS-NIHON, SUITE 1700, H3Z 3C1
MONTREAL, QUEBEC, CANADA, XX

Current Mailing Address:

3500 DE MAISONNEUVE BLVD. WEST
2 PLACE ALEXIS-NIHON, SUITE 1700, H3Z 3C1
MONTREAL, QUEBEC, CANADA, XX

FEI Number: 14-1825334

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

New Principal Place of Business:

3500 DE MAISONNEUVE BLVD. WEST
2 PLACE ALEXIS-NIHON, SUITE 1700, H3Z 3C1
MONTREAL, QUEBEC, CANADA, CA H3Z3C1

New Mailing Address:

3500 DE MAISONNEUVE BLVD. WEST
2 PLACE ALEXIS-NIHON, SUITE 1700, H3Z 3C1
MONTREAL, QUEBEC, CANADA, CA H3Z3C1 XX

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SULLIVAN, BRIAN M
Address: 7350 TRANS-CANADIENNE
City-St-Zip: MONTREAL, QUEBEC, CA H4T 1A3

Title: V () Delete
Name: ALCARAZ, FRANK
Address: 7350 TRANS-CANADIENNE
City-St-Zip: MONTREAL, QUEBEC, CA H4T 1A3

Title: V () Delete
Name: WECHSLER, GARY
Address: 3500 DE MAISONNEUVE BLVD. WEST, #1700
City-St-Zip: MONTREAL, QUEBEC, CA H3Z 3C1

Title: S () Delete
Name: GARFINKLE, LEON
Address: 3500 DE MAISONNEUVE BLVD. WEST, #1700
City-St-Zip: MONTREAL, QUEBEC, CA H3Z 3C1

Title: V () Delete
Name: MCKENNA, O. BRADLEY
Address: 3500 DE MAISONNEUVE BLVD. WEST, #1700
City-St-Zip: MONTREAL, QUEBEC, CA H3Z 3C1

Title: V (X) Delete
Name: SCHWARTZ, DAVID
Address: 7350 TRANS-CANADIENNE
City-St-Zip: MONTREAL, QUEBEC, CA H3Z 3C1

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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

Electronic Signature of Signing Officer or Director

Date