

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000005906

Entity Name: ORION LASERS, INC.

FILED
Feb 22, 2005
Secretary of State

Current Principal Place of Business:

1209 ORANGE STREET
WILMINGTON, DE 19801

New Principal Place of Business:

6555 POWERLINE RD.
SUITE 303
FORT LAUDERDALE, FL 33309

Current Mailing Address:

6555 POWERLINE RD.
STE. 303
FORT LAUDERDALE, FL 33309

New Mailing Address:

FEI Number: 76-0741598 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WJUNISKI, MAURO
21055 YACHT CLUB DRIVE, STE. 2203
AVENTURA, FL 33180 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: PCD () Delete
Name: WJUNISKI, MAURO
Address: 21055 YACHT CLUB DRIVE, SUITE 2203
City-St-Zip: AVENTURA, FL 33180

Title: V () Delete
Name: MATZLIACH, YARIV
Address: 1245 OAKSHIRE CT.
City-St-Zip: WALNUT CREEK, CA 94598

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: MAURO WJUNISKI

PCD

02/22/2005

Electronic Signature of Signing Officer or Director

Date