
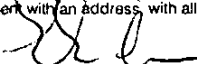


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F04000004936			
1. Entity Name SILICON OPTIX INC.			
Principal Place of Business 2025 GATEWAY PLACE, #360 WEST TOWER SAN JOSE, CA 95110		Mailing Address 7800 SOUTHLAND BLVD. SUITE 250 ORLANDO, FL 32809	
2. Principal Place of Business		3. Mailing Address 2025 GATEWAY PLACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. # 360	
City & State		City & State SAN JOSE CA	
Zip	Country	Zip	Country
95110	USA	95110	USA
4. FEI Number 22-3736385		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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	
		700072704507 04/28/06--01027--017 **150.00	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO RUSSO, PAUL 2025 GATEWAY PLACE, #360 SAN JOSE, CA 95110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHN BALEN 2025 GATEWAY PLACE, #360 SAN JOSE CA 95110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LUCKY, DOUG 2025 GATEWAY PLACE, #360 WEST TOWER SAN JOSE, CA 95110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KEVIN MCQUILLAN 2025 GATEWAY PLACE #360 SAN JOSE CA 95110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CTO LEE, LOUIE 2025 GATEWAY PLACE, #360 WEST TOWER SAN JOSE, CA 95110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PAUL VAIS 2025 GATEWAY PLACE #360 SAN JOSE CA 95110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EV FARZANEH, HAMID 2025 GATEWAY PLACE, #360 WEST TOWER SAN JOSE, CA 95110 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROBERT PEPPER 2025 GATEWAY PLACE #360 SAN JOSE CA 95110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LATTA, ROBERT P 2025 GATEWAY PLACE, #360 WEST TOWER SAN JOSE, CA 95110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOM ROSCH 2025 GATEWAY PLACE #360 SAN JOSE CA 95110 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPOON, ALAN 2025 GATEWAY PLACE, #360 WEST TOWER SAN JOSE, CA 95110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SEE ATTACHED
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:  ERIC ERDMAN		APR 10 2006 416 492 7779	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	