


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # F04000005529 1. Entity Name OPTICAL INNOVATIONS, INC.	
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Principal Place of Business 10303 CROWN POINT AVENUE, STE. 202 OMAHA, NE 68134	Mailing Address 5555 SOUTH STREET LINCOLN, NE 68506
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DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number 91-2015217	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALTICE, WILLIAM J
1309 EAST WALLACE STREET
ORLANDO, FL 32809

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVC RODGERS, MAC 6411 SHENANDOAH DRIVE LINCOLN, NE 68510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP COLTON, MARK A 2441 NANCY DRIVE LINCOLN, NE 68507
TITLE NAME STREET ADDRESS CITY - ST - ZIP	C KIRCHNER, JAMES K 2215 STONE CREEK LOUP SOUTH LINCOLN, NE 68512
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD MARKLE, DAVE 16525 YORT AVENUE OMAHA, NE 68116
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD COPPER, DAVE 8121 MEREDETH LINCOLN, NE 68510
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000304506
04/14/05-80047-003 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #