

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007075

FILED
Jul 21, 2006
Secretary of State

Entity Name: OCCULOGIX HOLDINGS, INC.

Current Principal Place of Business:

2600 SKYMARK DRIVE, UNIT 9, SUITE 201
MISSISSAUGA, ONTARIO CANADA
L4W 5B2, XX

Current Mailing Address:

2600 SKYMARK DRIVE, UNIT 9, SUITE 201
MISSISSAUGA, ONTARIO CANADA
L4W 5B2, XX

New Principal Place of Business:

2600 SKYMARK DRIVE,
UNIT 9, SUITE 201
MISSISSAUGA, ON L4W 5B2 CA

New Mailing Address:

2600 SKYMARK DRIVE,
UNIT 9, SUITE 201
MISSISSAUGA, ON L4W 5B2 CA

FEI Number: 76-0729306

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: PST () Delete
Name: DUMENCU, WILLIAM G
Address: 2600 SKYMARK DRIVE, UNIT 9, SUITE 201
City-St-Zip: MISSISSAUGA, ONT., CANADA,

Title: CD () Delete
Name: VAMVAKAS, ELIAS
Address: 2600 SKYMARK DRIVE, UNIT 9, SUITE 201
City-St-Zip: MISSISSAUGA, ONT., CANADA,

Title: CFO () Delete
Name: CORNISH, JOHN
Address: 2600 SKYMARK AVENUE
City-St-Zip: MISSISSAUGA, ONTARIO, L4W 5B2

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: DUMENCU, WILLIAM G
Address: 2600 SKYMARK DRIVE, UNIT 9, SUITE 201
City-St-Zip: MISSISSAUGA,, ON L4W5B2 CA

Title: CEO (X) Change () Addition
Name: VAMVAKAS, ELIAS
Address: 2600 SKYMARK DRIVE, UNIT 9, SUITE 201
City-St-Zip: MISSISSAUGA,, ON L4W5B2 CA

Title: CFO (X) Change () Addition
Name: CORNISH, JOHN
Address: 2600 SKYMARK AVENUE, UNIT 9, SUITE 201
City-St-Zip: MISSISSAUGA, ON L4W5B2 CA

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: WILLIAM G. DUMENCU

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07/21/2006

Electronic Signature of Signing Officer or Director

Date