

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2006 08:00 AM
Secretary of State

DOCUMENT # F04000007230
 1. Entity Name
 SUPERIOR OPTICAL LABS, INC.



Principal Place of Business Mailing Address
 6601 SUNPLEX DRIVE PO BOX 1290
 OCEAN SPRINGS, MS 39564 OCEAN SPRING, MS 39564



01162006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 64-0807765	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 HAINES, ROBERT L
 7305 N. MILITARY TRAIL
 WEST PALM BEACH, FL 33410

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

000000403152
 02/09/06-80035-012 150.00

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	WALKER, MARY P
STREET ADDRESS	6601 SUNPLEX DRIVE
CITY-ST-ZIP	OCEAN SPRINGS, MS 39564
TITLE	VCVP
NAME	JACOBS, JONATHAN W
STREET ADDRESS	6601 SUNPLEX DRIVE
CITY-ST-ZIP	OCEAN SPRINGS, MS 39564
TITLE	DST
NAME	WALKER, HAROLD M
STREET ADDRESS	6601 SUNPLEX DRIVE
CITY-ST-ZIP	OCEAN SPRINGS, MS 39564
TITLE	D
NAME	JACOBS, CHERYL P
STREET ADDRESS	6601 SUNPLEX DRIVE
CITY-ST-ZIP	OCEAN SPRINGS, MS 39564
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: Mary Walker (Mary Walker) 1-24-06 228-875-3796
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #