

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F04000007230

**FILED**  
**Jan 17, 2007**  
**Secretary of State**

**Entity Name:** SUPERIOR OPTICAL LABS, INC.

**Current Principal Place of Business:**

6601 SUNPLEX DRIVE  
OCEAN SPRINGS, MS 39564

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1290  
OCEAN SPRING, MS 39564

**New Mailing Address:**

**FEI Number:** 64-0807765      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAINES, ROBERT L  
7305 N. MILITARY TRAIL  
WEST PALM BEACH, FL 33410      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: CP      ( ) Delete  
Name: WALKER, MARY P  
Address: 6601 SUNPLEX DRIVE  
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: VCVP      ( ) Delete  
Name: JACOBS, JONATHAN W  
Address: 6601 SUNPLEX DRIVE  
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: DST      ( ) Delete  
Name: WALKER, HAROLD M  
Address: 6601 SUNPLEX DRIVE  
City-St-Zip: OCEAN SPRINGS, MS 39564

Title: D      ( ) Delete  
Name: JACOBS, CHERYL P  
Address: 6601 SUNPLEX DRIVE  
City-St-Zip: OCEAN SPRINGS, MS 39564

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 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: CHERYL P. JACOBS

D

01/17/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date