

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 10, 2007 8:00 am
Secretary of State

08-20-2007 90055 015 ***550.00

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08302007 Chg-P CR2E034 (12/06)

DOCUMENT # F05000002642 1. Entity Name THE OPTICAL SHOP OF ASPEN CORP.					
Principal Place of Business 65 ENTERPRISE ALISO VIEJO, CA 92656			Mailing Address 1 ICON FOOTHILL RANCH, CA 92610		
2. Principal Place of Business - No P.O. Box # 65 ENTERPRISE		3. Mailing Address Suite, Apt. #, etc.			
City & State ALISO VIEJO CA		City & State Suite, Apt. #, etc.			
Zip 92656		Country USA		4. FEI Number 33-0012096	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent 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 \$550.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP SANDS, LARRY D 65 ENTERPRISE ALISO VIEJO, CA 92656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SCOTT MAS LYKOS 1 ICON FOOTHILL RANCH CA 92610	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCINTOSH, VICTORIA H 65 ENTERPRISE ALISO VIEJO, CA 92656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO LINDA SHIMAZAKI 65 ENTERPRISE ALISO VIEJO CA 92656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LINDA SHIMAZAKI 65 ENTERPRISE ALISO VIEJO CA 92656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR LARRY SANDS 65 ENTERPRISE ALISO VIEJO CA 92656		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR SCOTT OLIVET 1 ICON FOOTHILL RANCH CA 92610		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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:			9/05/07 (949) 394-4775		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		