

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002642

FILED
Apr 29, 2008
Secretary of State

Entity Name: THE OPTICAL SHOP OF ASPEN CORP.

Current Principal Place of Business:

65 ENTERPRISE
ALISO VIEJO, CA 92656

New Principal Place of Business:

Current Mailing Address:

1 ICON
FOOTHILL RANCH, CA 92610

New Mailing Address:

FEI Number: 33-0012096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO () Delete
Name: SHIMAZAKI, LINDA
Address: 65 ENTERPRISE
City-St-Zip: ALISO VIEJO, CA 92656

Title: S () Delete
Name: SHIMAZAKI, LINDA
Address: 65 ENTERPRISE
City-St-Zip: ALISO VIEJO, CA 92656

Title: D () Delete
Name: SANDS, LARRY
Address: 65 ENTERPRISE
City-St-Zip: ALISO VIEJO, CA 92656

Title: D () Delete
Name: OLIVET, SCOTT
Address: 17 CON
City-St-Zip: FOOTHILL RANCH, CA 92610

Title: D (X) Delete
Name: LYKOS, COGMAS
Address: 17 CON
City-St-Zip: FOOTHILL RANCH, CA 92610

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change () Addition
Name: SHIMAZAKI, LINDA
Address: 65 ENTERPRISE
City-St-Zip: ALISO VIEJO, CA 92656

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

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

Title: D (X) Change () Addition
Name: OLIVET, SCOTT
Address: 1 ICON
City-St-Zip: FOOTHILL RANCH, CA 92610

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

I hereby certify that the information supplied with this filing does not qualify 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: LINDA SHIMAZAKI

V

04/29/2008

Electronic Signature of Signing Officer or Director

_____ Date