2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004694

Entity Name: ALMA LASERS, INC.

FILED Apr 25, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

6555 N. POWERLINE ROAD, SUITE 303 FORT LAUDERDALE, FL 33309

Current Mailing Address: New Mailing Address:

6555 N. POWERLINE ROAD, SUITE 303 FORT LAUDERDALE, FL 33309

FEI Number: 20-3270949 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

F&L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202 US

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: CEO (X) Change () Addition

Name: KARNL, ZIV Name: KARNI, ZIV

Address: 6555 N. POWERLINE ROAD, SUITE 303 Address: 6555 N. POWERLINE ROAD, SUITE 303

City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309

Title: DPST () Delete Title: () Change () Addition

 Name:
 WJUNISKI, MAURO
 Name:

 Address:
 6555 N. POWERLINE ROAD, SUITE 303
 Address:

 City-St-Zip:
 FORT LAUDERDALE, FL 33309
 City-St-Zip:

Name: FREYER, MIRIAM Name: MATZLIACH, YARIV

Address: 6555 N. POWERLINE ROAD, SUITE 303 Address: 6555 N. POWERLINE ROAD, SUITE 303 City-St-Zip: FORT LAUDERDALE, FL 33309 City-St-Zip: FORT LAUDERDALE, FL 33309

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: MAURO WJUNISKI DPST 04/25/2006