

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 23, 2007 8:00 am**  
**Secretary of State**

03-23-2007 90028 036 \*\*\*150.00

<b>DOCUMENT # F05000004694</b> 1. Entity Name <b>ALMA LASERS, INC.</b>																											
Principal Place of Business <b>6555 N. POWERLINE ROAD, SUITE 303 FORT LAUDERDALE, FL 33309</b>			Mailing Address <b>6555 N. POWERLINE ROAD, SUITE 303 FORT LAUDERDALE, FL 33309</b>																								
2. Principal Place of Business - No P.O. Box # <b>485 Half Day Rd.</b>			3. Mailing Address <b>485 Half Day Rd</b>																								
Suite, Apt. #, etc. <b>100</b>			Suite, Apt. #, etc. <b>100</b>																								
City & State <b>Buffalo Grove</b>			City & State <b>Buffalo Grove IL</b>																								
Zip <b>60089</b>		Country <b>LAKE</b>		Zip <b>60089</b>																							
Country <b>LAKE</b>		4. FEI Number <b>20-3270949</b>																									
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>																											
6. Name and Address of Current Registered Agent  <b>F&amp;L CORP. ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, FL 32202</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																							
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>																											
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																									
<div style="display: flex;"> <div style="flex: 1;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> <b>CEO PRESIDENT</b> <input type="checkbox"/> Delete  <b>KARNI, ZIV DR.</b>  <b>7 HAESHEL ST. CAESAREA INDUSTRIAL PARK</b>  <b>P.O. Box 3021 CAESAREA, ISRAEL 38900</b> </td> </tr> <tr> <td>TITLE</td> <td> <b>DPST</b> <input checked="" type="checkbox"/> Delete  <b>WJUNISKI, MAURO</b>  <b>6555 N. POWERLINE ROAD, SUITE 303</b>  <b>FORT LAUDERDALE, FL 33309</b> </td> </tr> <tr> <td>TITLE</td> <td> <b>VP</b> <input checked="" type="checkbox"/> Delete  <b>MATZLIACH, YARIV</b>  <b>6555 N. POWERLINE ROAD, SUITE 303</b>  <b>FORT LAUDERDALE, FL 33309</b> </td> </tr> <tr> <td>TITLE</td> <td> <b>CEO</b> <input type="checkbox"/> Delete  <b>HOWARD KELLY</b>  <b>485 HALF DAY RD STE. 100</b>  <b>Buffalo Grove, IL 60089</b> </td> </tr> <tr> <td>TITLE</td> <td> <b>CFO</b> <input type="checkbox"/> Delete  <b>TOM HANNON</b>  <b>485 HALF DAY RD, STE. 100</b>  <b>BUFFALO GROVE, IL 60089</b> </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Delete  </td> </tr> </table> </div> <div style="flex: 1;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition  </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition  </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition  </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition  </td> </tr> <tr> <td>TITLE</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Addition  </td> </tr> </table> </div> </div>						TITLE	<b>CEO PRESIDENT</b> <input type="checkbox"/> Delete <b>KARNI, ZIV DR.</b> <b>7 HAESHEL ST. CAESAREA INDUSTRIAL PARK</b> <b>P.O. Box 3021 CAESAREA, ISRAEL 38900</b>	TITLE	<b>DPST</b> <input checked="" type="checkbox"/> Delete <b>WJUNISKI, MAURO</b> <b>6555 N. POWERLINE ROAD, SUITE 303</b> <b>FORT LAUDERDALE, FL 33309</b>	TITLE	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>MATZLIACH, YARIV</b> <b>6555 N. POWERLINE ROAD, SUITE 303</b> <b>FORT LAUDERDALE, FL 33309</b>	TITLE	<b>CEO</b> <input type="checkbox"/> Delete <b>HOWARD KELLY</b> <b>485 HALF DAY RD STE. 100</b> <b>Buffalo Grove, IL 60089</b>	TITLE	<b>CFO</b> <input type="checkbox"/> Delete <b>TOM HANNON</b> <b>485 HALF DAY RD, STE. 100</b> <b>BUFFALO GROVE, IL 60089</b>	TITLE	<input type="checkbox"/> Delete 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 
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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.																											
<b>SIGNATURE:</b> <u>Thomas J. Hannon</u> <b>3/1/07</b> <b>224 377 2013</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																											