

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004694

Entity Name: ALMA LASERS, INC.

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

485 HALF DAY RD
SUITE 100
BUFFALO GROVE, IL 60089

New Principal Place of Business:

Current Mailing Address:

485 HALF DAY RD
SUITE 100
BUFFALO GROVE, IL 60089

New Mailing Address:

FEI Number: 20-3270949

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

F&L CORP.
ONE INDEPENDENT DRIVE, SUITE 1300
JACKSONVILLE, FL 32202 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: P () Delete
Name: KARNI, ZIV
Address: 7 HAESHEL ST CAESAREA INDUSTRIAL PARK
City-St-Zip: CAESAREA,ISRAEL, 38900

Title: CEO () Delete
Name: KELLY, HOWARD
Address: 485 HALF DAY RD STE 100
City-St-Zip: BUFFALO GROVE, IL 60089

Title: CFO () Delete
Name: HANNON, TOM
Address: 485 HALF DAY RD STE 100
City-St-Zip: BUFFALO GROVE, IL 60089

Title: VP () Delete
Name: HALIVNI, ISAIAH
Address: 485 HALF DAY RD, STE 100
City-St-Zip: BUFFALO GROVE, IL 60089

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: VP (X) Change () Addition
Name: CIARDIELLO, JOHN
Address: 485 HALF DAY RD STE 100
City-St-Zip: BUFFALO GROVE, IL 60089

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: JOHN CIARDIELLO

VP

04/23/2009

Electronic Signature of Signing Officer or Director

Date