

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000003578

FILED
May 25, 2006
Secretary of State

Entity Name: COLE VISION SERVICES, INC.

Current Principal Place of Business:

4000 LUXOTTICA PLACE
MASON, OH 450408114

New Principal Place of Business:

Current Mailing Address:

P O BOX 8509
MASON, OH 450407114 US

New Mailing Address:

FEI Number: 34-1733137

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: D () Delete
Name: GIACOBBI, VALERIO
Address: P O BOX 8509
City-St-Zip: MASON, OH 45040

Title: D () Delete
Name: BOXER, MICHAEL
Address: 44 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: D () Delete
Name: GIANNOTTA, VITA
Address: 44 HARBOR PARK DRIVE
City-St-Zip: PORT WASHINGTON, NY 11050

Title: D (X) Delete
Name: DENNIS, JACK S
Address: P O BOX 8509
City-St-Zip: MASON, OH 45040

Title: SP (X) Delete
Name: DI FIANDOMENICO, LIZ
Address: P O BOX 8509
City-St-Zip: MASON, OH 45040

Title: V (X) Delete
Name: BEST, DAVID
Address: 1925 ENTERPRISE PARKWAY
City-St-Zip: TWINSBURG, OH 44087

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: CFO (X) Change () Addition
Name: DENNIS, JACK
Address: PO BOX 8509
City-St-Zip: MASON, OH 45040

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

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

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

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: JACK DENNIS

CFO

05/25/2006

Electronic Signature of Signing Officer or Director

Date