
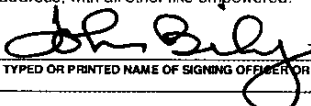


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90153 045 ***150.00

DOCUMENT # F99000002718 1. Entity Name STAAR SURGICAL COMPANY					
Principal Place of Business 1911 WALKER AVE. MONROVIA, CA 91016			Mailing Address 1911 WALKER AVE. MONROVIA, CA 91016		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 95-3797439	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BILY, JOHN 1911 WALKER AVE MONROVIA, CA 91016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PAUL, TOM 1911 WALKER AVE MONROVIA, CA 91016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SANTOS, JOHN 1911 WALKER AVE MONROVIA, CA 91016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CURTIS, NICK 1911 WALKER AVE MONROVIA, CA 91016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LAMIELLE, HELENE 1911 WALKER AVE MONROVIA, CA 91016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUFFY, DONALD 1911 WALKER AVE MONROVIA, CA 91016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VOLKER, ANHAEUSSER 1911 WALKER AVE. MONROVIA, CA 91016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, DAVID 1911 WALKER AVE MONROVIA, CA 91016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CPD BAILEY, DAVID 1911 WALKER AVE MONROVIA, CA 91016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHLOTTERBECK, DAVID 1911 WALKER AVE MONROVIA, CA 91016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILBERT, JOHN R 1911 WALKER AVENUE MONROVIA, CA 91016	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
SIGNATURE: 			3/16/05 626-303-7902		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		