2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006
Secretary of State

DOCUMENT# F99000002718

Entity Name: STAAR SURGICAL COMPANY

Current Principal Place of Business:

1911 WALKER AVE.
MONROVIA, CA 91016

New Principal Place of Business:

Current Mailing Address:

1911 WALKER AVE.
MONROVIA, CA 91016

New Mailing Address:

FEI Number: 95-3797439 **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: V ( ) Delete
Name: BILY, JOHN
Address: 1911 WALKER AVE
City-St-Zip: MONROVIA, CA 91016

Title: V ( ) Delete
Name: PAUL, TOM
Address: 1911 WALKER AVE
City-St-Zip: MONROVIA, CA 91016

Title: V ( ) Delete
Name: CURTIS, NICK
Address: 1911 WALKER AVE
City-St-Zip: MONROVIA, CA 91016

Title: D ( ) Delete
Name: VOLKER, ANHAEUSSER
Address: 1911 WALKER AVE.
City-St-Zip: MONROVIA, CA 91016

Title: CPD ( ) Delete
Name: BAILEY, DAVID
Address: 1911 WALKER AVE
City-St-Zip: MONROVIA, CA 91016

Title: D ( ) Delete
Name: DUFFY, DONALD
Address: 1911 WALKER AVENUE
City-St-Zip: MONROVIA, CA 91016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: V (X) Change ( ) Addition
Name: ANDREWS, DEBORAH
Address: 1911 WALKER AVE
City-St-Zip: MONROVIA, CA 91016

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

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

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: DEBORAH ANDREWS V 04/24/2006

Electronic Signature of Signing Officer or Director — Date