

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2004 8:00 am
Secretary of State

01-12-2004 90025 046 ***150.00

DOCUMENT # J71769 1. Entity Name X-RAY OPTICS, INC.																													
Principal Place of Business % JAMES A. NICOLINO 1816 ST. JOHN'S BLUFF STE. #306 JACKSONVILLE, FL 32246 US			Mailing Address % JAMES A. NICOLINO 1816 ST. JOHN'S BLUFF STE. #306 JACKSONVILLE, FL 32246 US																										
2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 305</i> City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. <i>Suite 305</i> City & State Zip Country																											
4. FEI Number 59-2825676				Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				01062004 Chg-P CR2E034 (10/03)																									
6. Name and Address of Current Registered Agent NICOLINO, JAMES A. 4450 BEACON DR JACKSONVILLE, FL 32225			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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____																													
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																											
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Delete</td> </tr> <tr> <td>NAME</td> <td>NICOLINO, JAMES A.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>4450 BEACON DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>JACKSONVILLE, FL</td> <td></td> </tr> </table>			TITLE	NAME	Delete	NAME	NICOLINO, JAMES A.	<input type="checkbox"/>	STREET ADDRESS	4450 BEACON DR		CITY-ST-ZIP	JACKSONVILLE, FL		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">TITLE</td> <td style="width: 70%;">NAME</td> <td style="width: 20%; text-align: center;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY-ST-ZIP		
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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: <i>James A. Nicolino</i> JAMES A. Nicolino 1-7-04 904 646-3069 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>																													