


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2006 8:00 am**  
**Secretary of State**

03-28-2006 90128 028 \*\*\*150.00

<b>DOCUMENT # J71769</b>		
1. Entity Name <b>X-RAY OPTICS, INC.</b>		

Principal Place of Business <b>% JAMES A. NICOLINO SUITE 305 JACKSONVILLE, FL 32246 US</b>	Mailing Address <b>% JAMES A. NICOLINO SUITE 305 JACKSONVILLE, FL 32246 US</b>
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2. Principal Place of Business <b>1816 St. Johns Bluff Rd Suite, Apt. #, etc. Suite 305 City &amp; State Jacksonville, FL Zip 32246 Country DUAL</b>	3. Mailing Address <b>1816 St. Johns Bluff Rd Suite, Apt. #, etc. Suite 305 City &amp; State Jacksonville, FL Zip 32246 Country DUAL</b>
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03172006 Chg-P CR2E034 (11/05)

4. FEI Number <b>59-2825676</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NICOLINO, JAMES A. 4450 BEACON DR JACKSONVILLE, FL 32235</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 restate) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$350.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NICOLINO, JAMES A. 4450 BEACON DR JACKSONVILLE, FL</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**  **3/17/06** **9046463069**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #