


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # K39350 1. Entity Name OCUCARE SYSTEMS, INC.	
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Principal Place of Business 9040 W ST RD 84 FT LAUDERDALE, FL 33324 US	Mailing Address 9040 W ST RD 84 FT LAUDERDALE, FL 33324 US
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DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

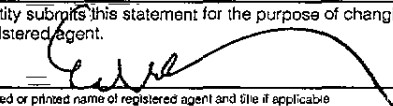
4. FEI Number 65-0094759	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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:  **3/16/05**
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

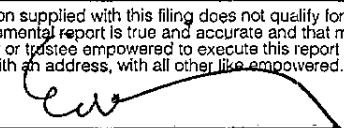
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	UN00000279938 03/29/05-90018-025 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD WALLS, CHRISTOPHER J 87 GRANDVIEW AVENUE WATERBURY, CT 06708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V DAVIS, JOHN R 9040 W ST RD 84 FT LAUDERDALE, FL 33324
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD BLASKIEWICZ, WILLIAM A 87 GRANDVIEW AVENUE WATERBURY, CT 06708
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD HARROLD, JASON M 112 ZEBULON COURT ROCKY MOUNT, NC 27804
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #