2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 01, 2007 08:00 AM Secretary of State DOCUMENT # K97823 OPTICAL INSIGHT INC. Principal Place of Business Mailing Address 3015 S CONGRESS AVE 3015 S CONGRESS AVE LAKE WORTH, FL 33461-2111 US LAKE WORTH, FL 33461-2111 US 01102007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0149340 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SCHWARTZ, RAYMOND E DO NOT WRITE 3015 S CONGRESS AVE LAKE WORTH, FL 33406 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) \$5.00 May Be U00000753430 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. 05/22/07-80021-003 150.00 After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS TITLE D NAME SCHWARTZ, RAYMOND E STREET ADDRESS 3015 S CONGRESS AVE CITY-ST-ZIP LAKE WORTH, FL 334612111 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY - ST- ZIP

12. I hereby certify that the information supplied with this filling 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 attack fight with an address, with all other like empowered.

NAME STREET ADDRESS CITY - ST- ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYS DAYS DAYS PROPERLY PROPERLY