


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 A
Secretary of State

DOCUMENT # L17645 1. Entity Name OPTICAL EFFECTS, INC.		
Principal Place of Business 1515 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603 US	Mailing Address 1515 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603 US	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent SELTZER, DANIEL H. 1515 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> _____ DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		U00000397723 01/30/06-80057-022 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
P SELTZER, DANIEL H. 1515 WEST HILLSBOROUGH AVENUE TAMPA, FL 33603		
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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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		1/18/2006 813 237-3937 Date Daytime Phone #