2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L97000001011

Title:

Name:

Address:

City-St-Zip:

MGRM

HUNTER, SHARON L

TAMPA, FL 33625 US

() Delete

5123 CHATSWORTH AVENUE

Entity Name: COLORED CONTACTS LC.

FILED Mar 28, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4350 W. WATERS AVE. #101 TAMPA, FL 33614 **New Mailing Address: Current Mailing Address:** 4350 W. WATERS AVE. 307 BEAGLE ROAD WEST CHESTER, PA 19382 US #101 TAMPA, FL 33614 US FEI Number: 59-3468037 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: HUNTER, WILLIAM A 4350 W. WATERS AVE. #101 TAMPA, FL 33614 US 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. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete HUNTER, WILLIAM A Name: Name: 2506 ROCKY POINT DRIVE, #253 Address: Address: City-St-Zip: TAMPA, FL 33607 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HUNTER, VALERIE L Name: Name: Address: 307 BEAGLE ROAD Address: City-St-Zip: WEST CHESTER, PA 19382 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition HUNTER, CYNTHIA L Name: Name: 425 PHILLIPS CREEK LANE Address: Address: City-St-Zip: NEW SMYRNA, FL 32168 US City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HUNTER, DIANE L Name: Address: 4941- B. RIVER ROAD Address: City-St-Zip: POINT PLEASANT, PA 18950 US City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Title:

Name:

Address:

City-St-Zip:

() Change () Addition

SIGNATURE: WILLIAM A. HUNTER MGRM 03/28/2008