2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 06, 2007
Secretary of State

DOCUMENT# M04000005508

Entity Name: OCCULOGIX LLC

Current Principal Place of Business:

2600 SKYMARK DRIVE
BUILDING 9, SUITE 201
MISSISSAUGA, ON L4W5B2 CA

New Principal Place of Business:

Current Mailing Address:

2600 SKYMARK DRIVE
BUILDING 9, SUITE 201
MISSISSAUGA, ON L4W5B2 CA

New Mailing Address:

FEI Number: 98-0442385 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Title:	MGR	( ) Delete
Name:	DUMENCU, WILLIAM G	
Address:	2600 SKYMARK DRIVE, BLDG 9, SUITE 201	
City-St-Zip:	MISSISSAUGA, ON L4W5B2 CA	
Title:	CEO	( ) Delete
Name:	VAMVAKAS, ELIAS	
Address:	2600 SKYMARK AVENUE, BLDG 9 SUITE 201	
City-St-Zip:	MISSISSAUGA, ON L4W5B2 CA	
Title:	CEOP	( ) Delete
Name:	REEVES, THOMAS	
Address:	2600 SKYMARK AVENUE, BLDG 9 SUITE 201	
City-St-Zip:	MISSISSAUGA,, ON L4W5B2 CA	
Title:	VPCA	( ) Delete
Name:	KILMER, STEPHEN J	
Address:	2600 SKYMARK AVENUE, BLDG 9 SUITE 201	
City-St-Zip:	MISSISSAUGA, ON L4W5B2 CA	
Title:	VS&T	( ) Delete
Name:	ELDRIDGE, DAVID	
Address:	2600 SKYMARK AVENUE, BLDG 9 SUITE 201	
City-St-Zip:	MISSISSAUGA, ON L4W5B2 CA	
Title:	VPO	( ) Delete
Name:	CORNISH, JOHN	
Address:	2600 SKYMARK AVENUE, BLDG 9 SUITE 201	
City-St-Zip:	MISSISSAUGA, ON L4W5B2 CA	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPIP	(X) Change ( ) Addition
Name:	KILMER, STEPHEN J	
Address:	2600 SKYMARK AVENUE, BLDG 9 SUITE 201	
City-St-Zip:	MISSISSAUGA, ON L4W5B2 CA	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the 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.

SIGNATURE: DUMENCU, WILLIAM G. MGR 02/06/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date