

**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 03, 2006  
Secretary of State**

DOCUMENT# N01000006427

Entity Name: 3RD EYE, INC.

**Current Principal Place of Business:**

2124 LISTON CT.  
ORLANDO, FL 32811

**New Principal Place of Business:**

**Current Mailing Address:**

2124 LISTON CT.  
ORLANDO, FL 32811

**New Mailing Address:**

FEI Number: 37-1429416      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BELL, LESLIE S  
2124 LISTON CT.  
ORLANDO, FL 32811      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

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BELL, LESLIE S  
Address: 2124 LISTON CT.  
City-St-Zip: ORLANDO, FL 32811

Title: SD ( ) Delete  
Name: EVANS, AMORA  
Address: 2124 LISTON CT.  
City-St-Zip: ORLANDO, FL 32811

Title: TD ( ) Delete  
Name: BELL, JIMMIE R  
Address: 2124 LISTON CT.  
City-St-Zip: ORLANDO, FL 32811

Title: VPD ( ) Delete  
Name: RUTLAND, RICKY J  
Address: 2124 LISTON CT.  
City-St-Zip: ORLANDO, FL 32811

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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: ( ) 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 or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LESLIE S. BELL

PD

02/03/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date