2006 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N02000006667 BOARD OF LASER SAFETY, INC.



Principal Place of Business

Mailing Address

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	01092006 Chg-NP

FILED
May 01, 2006 8:00 am
Secretary of State
05-01-2006 90412 040 ****61.25

13501 INGENUITY DR, STE 128 ORLANDO, FL 32826 13501 INGENUITY DR, STE 128 ORLANDO, FL 32826							 		11: 8: 111 8: 111 8 :	NIIN NOOKA AIKKA NIIITA	ORIGEI BE IOOE		
Principal Place of Business 3. Ma				Mailing Address									
Suite, Apt. #, atc. St				ouite, Apt. #, etc.				01092006	Chg-NP	CR	2E037 (11/05)		
City & State City & S				ity & State	State				, 201		⊢	opplied For	
Zip	Country Zip Coun				intry	5. Certificate of Status Desired S8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent							7. Name and Address of New Registered Agent						
						Name							
F&L CORP. ONE INDEPENDENT DRIVE SUITE 1300					Street Address (P.O. Box Number is Not Acceptable)								
JACKSON	IVILLE, FL	32202											
						City					FL Zip Co		
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) DATE													
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Filing Fee is \$61.25 Due by May 1, 2006 9. Election Campaign Trust Fund Contribu						-	~ _ \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						
10.		OFFICERS AND DI	RECTORS	5	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10							
TITLE	С			Delete	TITLE	Ξ	☐ Change ☐ Addition						
NAME					NAM								
STREET ADDRESS	7.701.1102.11001.11				1	et address -st-zip							
CITY-ST-ZIP	 	D, FL 32828			-1		-				1771 01		
TITLE	D	SIGUADO		☐ Delete	TITLE						K Change	Addition	
NAME STREET ADDRESS	GREENE, RICHARD				ET ADDRESS	ADDRESS 1758 Seneca Blvd.							
CITY-ST-ZIP	755 551				-ST-ZIP	Winter Springs, FL 32708							
TITLE	ST_	0110 0100,72 02020				-	11111				— M Channe	Addition	
NAME	O'BRIEN,	· -		C Ocicie	NAM				. 1				
STREET ADDRESS	· ·				STRE	ET ADDRESS	Saint Paul, MN 55101						
CITY-ST-ZIP	MINNEAPOLIS, MN 55421				CITY	-ST-ZIP	Sain	it Paul, I	MN 5510.	L			
TITLE				☐ Delete	TITLE	Ē					☐ Change	Addition -	
NAME					NAM		į						
STREET ADDRESS					ET ADDRESS								
CITY-ST-ZIP					СПҮ	-ST-ZIP						<u> </u>	
TITLE		☐ Delete		TITLE						☐ Change	☐ Addition		
NAME OVERT LEGGERA					NAM	et address							
STREET ADDRESS CITY-ST-ZIP						-ST-ZIP							
TITLE				Delete	TITLE		 				☐ Change	☐ Addition	
NAME				□ Desete	NAM								
STREET ADDRESS					1	ET ADDRESS							
CITY-ST-ZIP					CITY	-ST-ZIP							
12. I hereby	certify that the	e information supplied with t or supplemental report is	this filing	does not qualify fo	r the exe	emptions of	ontained	in Chapter 119,	Florida Statut	es. I further	certify that the	information er 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #