2008 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # N02000006667

BOARD OF LASER SAFETY, INC.



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Principal Place of Business 13501 INGENUITY DR, STE 128 ORLANDO, FL 32826		Mailing Address 13501 INGENUITY DR, ORLANDO, FL 32826			4000	ידטטו			
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address							
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			03252008 Ch	ng-NP	CR2E03	7 (12/06)	
City & State		City & State			4. FEI Number 06-164720	1		⊢ →	oplied For
Zip	Country	Zip	Country		5. Certificate of Sta	atus Desired		\$8.75 Add Fee Require	ditional
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New I	Registered A	gent	
F&L CORF	Þ		Name	e					
ONE INDEPENDENT DRIVE SUITE 1300			Street Address		(P.O. Box Number is Not Acceptable)				
	IVILLE, FL 32202								
,			City				FL	Zip Cod	
8. The above	named entity submits this statement fo	r the purpose of changing its	s registered office	e or register	red agent, or both, in	the State of FI	lorida. I am f	amiliar with,	and accept
ine opliga	tions of registered agent.								
SIGNATURE		and title if annilinable (NOT	FF Registered Agent sig	costure required	tuhan rainatating)		DATE		
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOT	TE: Registered Agent sig	gnature required	d when reinstating)	· 	DATE		
SIGNATURE		9. Election Car	TE: Registered Agent signments in the properties of the properties		\$5.00 May Be Added to Fees		DATE Make check rida Depart		
SIGNATURE	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Car Trust Fund (mpaign Financing	g 🗆	\$5.00 May Be	Flo	lake check rida Depart	ment of S	tate
	Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Car Trust Fund (mpaign Financing Contribution.	g 🗆	\$5.00 May Be Added to Fees	Flo	lake check rida Depart	ment of S	tate
10.	Filling Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIF	9. Election Car Trust Fund (impaign Financing Contribution.	g	\$5.00 May Be Added to Fees	Flo	lake check rida Depart	RECTORS IN	10
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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 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: 2

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

FILED Apr 24, 2008 8:00 am Secretary of State 04-24-2008 90124 029 ****70.00