2005 FOR PROFIT CORPORATION

Feb 17, 2005 - 08:00 AM **ANNUAL REPORT Secretary of State** DOCUMENT # P00000018737 1. Entity Name INTERNATIONAL LASER CORPORATION Principal Place of Business Mailing Address C/O JOSEPH M. FILLOY, CPA. NWT C/O JOSEPH M. FILLOY, CPA. NWT STE. 700 100 N. BISCAYNE BLVD. STE. 700 100 N. BISCAYNE BLVD. MIAMI, FL 33132 MIAMI, FL 33132 01042005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0996166 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FILLOY, JOSPEH M CPA DO NOT WRITE NEW WORLD TOWER, STE. 700 100 N. BISCAYNE BLVD. IN THIS SPACE MIAMI, FL 33132 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, typod or printed name of registered agent and little if applicable (NOTE Registered Agent algosture required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 - OFFICERS AND DIRECTORS 10, D TITLE NAME SHAW, ERIC W STREET ADDRESS BATTLE FOWLER LLP 75 E. 55TH ST. 02/17/US-80014-012 ISN.NO NEW YORK, NY 10022 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(7), 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 it 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 607, 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.

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED