2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Secretary of State DOCUMENT # P00000024165 01-18-2007 90113 012 ***150.00 1. Entity Name EYE SPY, INC. 60002965 Principal Place of Business Mailing Address 9871 88TH WAY NORTH 9871 88TH WAY NORTH LARGO, FL 33777 LARGO, FL 33777 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032007 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number 59-3630313 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TISCHLER, MARTIN J Street Address (P.O. Box Number is Not Acceptable) 9871 88TH WAY NORTH LARGO, FL 33777 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TILE Delete TITLE Addition FLYNN, LOTI A M. TISCHLER, MARTIN J NAME NAME STREET ADDRESS 9871 88TH WAY NORTH STREET ADDRESS largo, FC 33777 LARGO, FL 33777 CITY-ST-ZIP CITY - ST - 7IP TITLE **Delete** MILE Did Change ☐ Addition Tiochier, martin J 9871 80 way N. FLYNN, LORI A 9871 88TH WAY NORTH STREET ADDRESS STREET ADDRESS LArgo, FL CITY-ST-ZIP LARGO, FL 33777 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 71P CITY-ST-ZIP TITLE ☐ Detete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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.

FILED Jan 18, 2007 8:00 am