

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000079344 1. Entity Name EUROPEAN OPHTHALMIC CONSULTANTS, INC.			40011289
Principal Place of Business C/O RENE GLENDINNING 1050 RINGLING BOULEVARD SARASOTA, FL 34236		Mailing Address C/O RENE GLENDINNING 1050 RINGLING BOULEVARD SARASOTA, FL 34236	
2. Principal Place of Business 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota FL Zip 34236		3. Mailing Address 1990 Main Street Suite, Apt. #, etc. Suite 801 City & State Sarasota FL Zip 34236	
4. FEI Number 65-1033693		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D ESQ. 1900 RINGLING BOULEVARD SARASOTA, FL 34236		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City, State, Zip Code FL	
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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D BOPP, SILVIA C/O 1050 RINGLING BOULEVARD SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1990 Main Street, Suite 801 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LUCKE, KLAUS C/O 1050 RINGLING BOULEVARD SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1990 Main Street, Suite 801 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LUCKE, MONIQUE C/O 1050 RINGLING BOULEVARD SARASOTA, FL 34236	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	1990 Main Street, Suite 801 Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/> Sarasota, FL 34236
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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.			
SIGNATURE: K. LUCKE		01/22/2006	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	