

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000079344 1. Entity Name EUROPEAN OPHTHALMIC CONSULTANTS, INC.					
Principal Place of Business C/O RENEA GLENDINNING 1990 MAIN ST STE 801 SARASOTA, FL 34236			Mailing Address C/O RENEA GLENDINNING 1990 MAIN ST STE 801 SARASOTA, FL 34236		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
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			01162007 Chg-P CR2E034 (12/06)		
6. Name and Address of Current Registered Agent DUMBAUGH, JOHN D ESQ. 4000 RINGLING BOULEVARD SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name GLENDINNING, RENE M CPA Street Address (P.O. Box Number is Not Acceptable) 1990 MAIN STREET SUITE 801 City SARASOTA FL Zip Code 34236		
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 <u><i>Ren M Glendinning</i></u> (NOTE: Registered Agent signature required when changing) DATE <u>1/17/07</u>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	D LUCKE, KLAUS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1990 MAIN ST STE 801	NAME			
STREET ADDRESS	SARASOTA, FL 34236	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	D LUCKE, MONIQUE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1990 MAIN ST STE 801	NAME			
STREET ADDRESS	SARASOTA, FL 34236	STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY - ST - ZIP		CITY - ST - ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.					
SIGNATURE: <u><i>Klaus Lucke</i></u> KLAUS LUCKE <u>1/20/07</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					