

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00000112797

Entity Name: OCULO, INC.

**FILED**  
**Apr 19, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

104 MARCIA DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

104 MARCIA DRIVE  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

FEI Number: 59-3688062

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CHAMBERS, DAVID W  
104 MARCIA DRIVE  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CHAMBERS, DAVID W  
Address: 104 MARCIA DRIVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: D  
Name: CHAMBERS, GENE T  
Address: 2507 EDGEWATER DRIVE  
City-St-Zip: ORLANDO, FL 32751

Title: D  
Name: CHAMBERS, SAMUEL M  
Address: 418 FORT FLORIDA ROAD  
City-St-Zip: DEBARY, FL 32713

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GENE T CHAMBERS

SEC

04/19/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date