
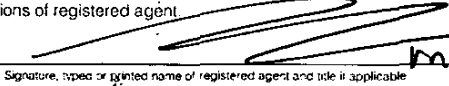


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90061 034 ***150.00

DOCUMENT # P01000086493 1. Entity Name PROJECT REFOCUS, INC.					
Principal Place of Business 254 SOUTH CR. 427, SUITE 229 LONGWOOD, FL 32750			Mailing Address PROJECT REFOCUS, INC P.O. BOX 181208 CASSELBERRY, FL 32718		
2. Principal Place of Business - No P.O. Box # 600 NORTH HWY 17-92 Suite, Apt. #, etc. Suite 122 City & State LONGWOOD, FL		3. Mailing Address 671 SEMINOLA BLVD Suite, Apt. #, etc. City & State CASSELBERRY, FL			
Zip 32750		Country FLORIDA		4. FEI Number 59-3744518	
Zip 32707		Country FLORIDA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRAMER, MICHAEL 254 SOUTH CR. 427, SUITE 229 LONGWOOD, FL 32750			7. Name and Address of New Registered Agent Name: MICHAEL KRAMER Street Address (P.O. Box Number is Not Acceptable) 600 NORTH HWY 17-92 Suite 122 City: LONGWOOD FL Zip Code: 32750		
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:  MICHAEL A. KRAMER DATE: 4/9/08 <small>Signature, typed or printed name of registered agent and title is applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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-ST-ZIP	PST KRAMER, MICHAEL P.O. BOX 181208 CASSELBERRY, FL 32718		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 600 NORTH HWY 17-92 Suite 122 LONGWOOD, FL 32750	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 information answered.					
SIGNATURE:  MICHAEL KRAMER DATE: 4/9/08 DAYTIME PHONE: 407-332-9918 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					