

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2006 8:00 am**  
**Secretary of State**

02-23-2006 90010 008 \*\*\*150.00

<b>DOCUMENT # P01000107852</b>					
<b>1. Entity Name</b> EYESAVERS OPTICAL, INC.					
<b>Principal Place of Business</b> 13501 ICOT BLVD STE 112 CLEARWATER, FL 33760 US			<b>Mailing Address</b> 5532 LEGEND HILLS LANE BROOKSVILLE, FL 34609 US		
<b>2. Principal Place of Business</b> SAME			<b>3. Mailing Address</b> 13501 ICOT BLVD SUITE 112		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> CLEARWATER FL			<b>4. FEI Number</b> 59-3754993		
Zip Country 33760 USA			<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
<b>6. Name and Address of Current Registered Agent</b> ARKON, ARON 3700 MENDOCINO ST NEW PORT RICHEY, FL 34655			<b>7. Name and Address of New Registered Agent</b> Name: ARKON, ARON Street Address (P.O. Box Number is Not Acceptable): 13501 ICOT BLVD SUITE 112 City: CLEARWATER FL Zip Code: 33760		
<b>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.</b> SIGNATURE:  DATE: 2/20/06 <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ARKON, ARON M 3700 MENDOCINO ST NEW PORT RICHEY, FL 34655	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/CEO ARKON, ARON 13501 ICOT BLVD SUITE 112 CLEARWATER FL 33760	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>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.</b>					
<b>SIGNATURE:</b>			2/20/06 813-760-2261		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		