

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000107852

Entity Name: EYESAVERS OPTICAL, INC.

FILED
Apr 25, 2009
Secretary of State

Current Principal Place of Business:

13501 ICOT BLVD STE 112
CLEARWATER, FL 33760 US

New Principal Place of Business:

4126 US HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652 US

Current Mailing Address:

13501 ICOT BLVD STE 112
CLEARWATER, FL 33760 US

New Mailing Address:

4126 US HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652 US

FEI Number: 59-3754993

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARKON, ARON
13501 ICOT BLVD
STE. 112
CLEARWATER, FL 33760 US

Name and Address of New Registered Agent:

ARKON, ARON
4126 US HIGHWAY 19 NORTH
NEW PORT RICHEY, FL 34652 US

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:

04/25/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PCEO () Delete
Name: AKRON, ARON M
Address: 13501 ICOT BLVD., STE 112
City-St-Zip: CLEARWATER, FL 33760

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: AKRON, ARON M
Address: 4126 US HIGHWAY 19 NORTH
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ARON M ARKON

PCEO

04/25/2009

Electronic Signature of Signing Officer or Director

Date