2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 03, 2007 8:00 am Secretary of State

DOCUMENT # P0200007297 1. Entity Name EYE CATCH, INC.					05-03-2007 90047 045 ***158.75				
Principal Place of Business Mailing Address					1 .				
APT. 308	27TH AVENUE	19000 N.W. 27TH AVENUE Apt. 308			HE TO I				
MIAMI, FL 33056 MIAMI, FL 33056					 				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03212007	Chg-P	CR2E03	4 (12/06)		
City & State		City & State		4. FEI Number 50-00054	122	/	<u> </u>	plied For Applicable	
Zip	Country	Zip	Coun	try	5. Certificate of Status Desire			8.75 Addi ee Required	
	6. Name and Address of Current	Registered Agent		NI	7. Name and A	ddress of New Re	egistered Aç	jent	
ETIENNE, HERODE				Name		· - <u></u>	. 		
19000 N.W. 27TH AVENUE APT. 308				Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL	33056			City				Zio Codo	
The above named entity submits this statement for the purpose of changing its in the purpose of changing its in the purpose of changing its interest of the purpose of the purpose of changing its interest of the purpose of the				City	FL Zip Code				
	named entity submits this statement for ions of registered agent.	or the purpose of changing it	s register	ed office or registe	red agent, or both,	in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATURE	Signature, typed or printed name of registered agent	t and litte if applicable. (NO	TE: Registere	d Agent signature require	d when reinstaling)		DATE		
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campa Trust Fund Cor			.00 May Be ded to Fees	,,			
After Ma	ay 1, 2007 Fee will be \$550. OFFICERS AND	ODIRECTORS	tribution.	Ādo	ded to Fees	HANGES TO OFFI			
After Ma	ay 1, 2007 Fee will be \$550.	.00 Trust Fund Cor	itribution.	Add	ded to Fees	HANGES TO OFFI		DIRECTORS	S IN 11
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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 place empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1107 186 214