

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000009709**

1. Entity Name  
1EYE INC.



Principal Place of Business  
302 CHIPPEWA SQUARE  
BOYNTON BEACH, FL 33436

Mailing Address  
302 CHIPPEWA SQUARE  
BOYNTON BEACH, FL 33436



**DO NOT WRITE IN THIS SPACE**

05092005 No Chg-P CR2E034 (10/03)

4. FEI Number  
04-3599342

Applied For
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

BAIR, KEVIN  
302 CHIPPEWA SQUARE  
BOYNTON BEACH, FL 33436

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

000000367544  
05/18/05-80007-002 150.00

**FILE NOW!!! FEE IS \$550.00  
Due by September 7, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	BAIR, KEVIN
STREET ADDRESS	302 CHIPPEWA SQUARE
CITY-ST-ZIP	BOYNTON BEACH, FL 33436

TITLE	
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 13 2005 561.369.7103  
Date Daytime Phone #