
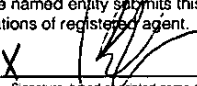
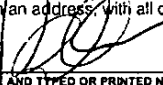


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90107 030 ***150.00

DOCUMENT # P02000045748 1. Entity Name EYE OPENERZ, P.A.																																																																																																																											
Principal Place of Business 9885 COLLIER BLVD NAPLES, FL 34114		Mailing Address 2720 E. OAKLAND PK BLVD. 102 FORT LAUDERDALE, FL 33306																																																																																																																									
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 9885 Collier Blvd. Suite, Apt. #, etc. City & State Naples, FL Zip Country 34114																																																																																																																									
6. Name and Address of Current Registered Agent BHUTA, PRIYA 5005 MAXWELL CIR 201 NAPLES, FL 34105		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9885 Collier Boulevard City State Zip Code Naples FL 34114																																																																																																																									
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  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees																																																																																																																									
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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. SIGNATURE:  Date _____ Daytime Phone # _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																																																																																																											