2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000049304

Entity Name: OMEGA VISION CENTER, P.A.

FILED Apr 29, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

447 E SPRINGTREE WAY 5724 MICHELLE LANE LAKE MARY, FL 32746 SANFORD, FL 32771

Current Mailing Address: New Mailing Address:

447 E SPRINGTREE WAY 5724 MICHELLE LANE LAKE MARY, FL 32746 SANFORD, FL 32771

FEI Number: 75-3048453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PEARSON, CHRISTOPHER G
447 E SPRINGTREE WAY
5724 MICHELLE LANE
LAKE MARY, FL 32746 US
SANFORD, FL 32771 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: CHRISTOPHER G. PEARSON 04/29/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition PEARSON, CHRISTOPHER G PEARSON, CHRISTOPHER G Name: Name: 447 E. SPRINGTREE WAY Address: 5724 MICHELLE LANE Address: City-St-Zip: LAKE MARY, FL 32746 City-St-Zip: SANFORD, FL 32771

I hereby certify that the information supplied with this filing does not qualify for the 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: CHRISTOPHER G. PEARSON P 04/29/2006