2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 08:00 AM Secretary of State **DOCUMENT # P02000100376** A.R.S. OPTICAL, INC. Principal Place of Business Mailing Address 2055 MILITARY TRAIL SUITE 307 2055 MILITARY TRAIL SUITE 307 JUPITER, FL 33458 JUPITER FL 33458 01102006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Fi Not Applie \$8.75 Additional 5. Certificate of Status Desired Fee Required 8. Name and Address of Current Registered Agent SHUSTER, ALAN R MD DO NOT WRITE 2055 MILITARY TRAIL SUITE 307 JUPITER, FL 33458 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 agent the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) CATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE SHUSTER, ALAN R MD NAME STREET ADDRESS 14450 CYPRESS ISLAND CIRCLE CITY-ST-78 JUPITER, FL 33458 TITLE NAME U00000487617 04/14/06-80002-006 150.00 STREET ADDRESS CITY-ST-ZIP SITIF NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP SITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not quality for the exemptions contained in Chapter 119. Florida Statutes, I lumber 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 direct 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 to or Block changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/20/06 56/747-966
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