

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000111168

Entity Name: OPTIMAL OPTICS, INC.

FILED  
Apr 17, 2007  
Secretary of State

## Current Principal Place of Business:

580 WEST 8TH STREET  
BLDG. 2, 1ST FLOOR  
JACKSONVILLE, FL 32209

## New Principal Place of Business:

## Current Mailing Address:

PO BOX 15340  
FERNANDINA BEACH, FL 32035

## New Mailing Address:

FEI Number: 04-3716782

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILAM & HOWARD P.A.  
208 N LAURA ST, # 800  
JACKSONVILLE, FL 32202 US

## Name and Address of New Registered Agent:

LINDEL FARSON PINKET & DAVIS PA  
12276 SAN JOSE BLVD  
SUITE 126  
JACKSONVILLE, FL 32223 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: BRIAN ROWLAND

04/17/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: NABORS, JAN M  
Address: 2734 RACHEAL AVE.  
City-St-Zip: FERNANDINA BEACH, FL 320342317

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAN M. NABORS

PRES

04/17/2007

Electronic Signature of Signing Officer or Director

Date