2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2007
Secretary of State

DOCUMENT# P02000132348

Entity Name: EMANUELE EYE CARE, INC

Current Principal Place of Business:

1619 DEL PRADO BLVD
VISION CENTER
CAPE CORAL, FL 33904

New Principal Place of Business:

1619 DEL PRADO BLVD, S.
VISION CENTER
CAPE CORAL, FL 33990

Current Mailing Address:

1619 DEL PRADO BLVD
VISION CENTER
CAPE CORAL, FL 33904

New Mailing Address:

1619 DEL PRADO BLVD, S.
VISION CENTER
CAPE CORAL, FL 33990

FEI Number: 30-0137765 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EMANUELE, KENNETH M
595 PECK AVE
FORT MYERS, FL 33919 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: EMANUELE, KENNETH M
Address: 595 PECK AVE
City-St-Zip: FORT MYERS, FL 33919

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: KENNETH EMANUELE P 01/04/2007
Electronic Signature of Signing Officer or Director Date