2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000049761

Entity Name: SURGICAL LASER SOLUTIONS, INC.

FILED Apr 18, 2006 Secretary of State

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

642 SE STARFLOWER AVENUE 6355 SW WOODHAM STREET PORT ST. LUCIE, FL 34983 US PALM CITY, FL 34990 US

Current Mailing Address: New Mailing Address:

PO BOX 7295 PO BOX 392

PORT ST. LUCIE, FL 34985 US PALM CITY, FL 34991 US

FEI Number: 65-1186456 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:

YUNGER, JENNIFER L
642 SE STARFLOWER AVENUE
PORT ST. LUCIE, FL 34983 US
YUNGER, JENNIFER L
6355 SW WOODHAM STREET
PALM CITY, FL 34990 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: JENNIFER YUNGER 04/18/2006

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 YUNGER, JENNIFER L YUNGER, JENNIFER L Name: Name: 642 SE STARFLOWER AVENUE Address: 6355 SW WOODHAM STREET Address: City-St-Zip: PORT ST. LUCIE, FL 34983 US City-St-Zip: PALM CITY, FL 34990 US

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: JENNIFER YUNGER PRES 04/18/2006