
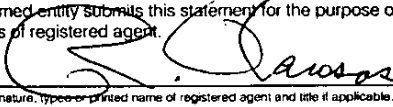
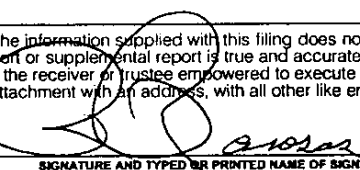


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 30, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90191 029 \*\*\*150.00

<b>DOCUMENT # P03000054801</b> 1. Entity Name <b>SCRUPLES EYE OPTIQUE, INC.</b>					
Principal Place of Business <b>553 HARBOR COURT DELRAY BEACH, FL 33483</b>			Mailing Address <b>553 HARBOR COURT DELRAY BEACH, FL 33483</b>		
2. Principal Place of Business - No P.O. Box # <b>11 VILLA MARSALA CT</b>		3. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>LAKE LAS VEGAS, NV</b>		City & State 		4. FEI Number <b>05-0569966</b>	
Zip <b>89011</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TERRY, JOHN M 9710 SUN POINTE DRIVE BOYNTON BEACH, FL 33437</b>		7. Name and Address of New Registered Agent Name <b>RAY KAROSAS</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 JAYARE SYSTEMS</b> <b>851 SE JOHNSON AVE</b> City <b>STUART</b> <b>FL</b> Zip Code <b>33494</b>			
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 accept the obligations of registered agent.  SIGNATURE  DATE <b>4/25/08</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.S. KAROSAS, LINDA 553 HARBOR COURT DELRAY BEACH, FL 33438</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P.S. KAROSAS, LINDA 11 VILLA MARSALA CT LAKE LAS VEGAS, NV 89011</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP,T KAROSAS, RAY 553 HARBOR COURT DELRAY BEACH, FL 33483</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP,T KAROSAS, RAY 11 VILLA MARSALA CT LAKE LAS VEGAS, NV 89011</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date <b>4/25/08</b> Daytime Phone #		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

60033846



04252008 Chg-P CR2E034 (12/06)