2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2008
Secretary of State

DOCUMENT# P03000063240

Entity Name: ADVANTICA EYECARE, INC.

Current Principal Place of Business:

19321-C US HIGHWAY 19 N
SUITE 320
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

19321-C US HIGHWAY 19 N
SUITE 320
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 81-0617310 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FORD, HARVEY A
C/O FORD & FORD,P.A.
575 SECOND AVE. S., #201
ST. PETERSBURG, FL 33701 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:	MR	( ) Delete
Name:	SANCHEZ, RICHARD L CEO/P	
Address:	19321-C US HIGHWAY 19 N, SUITE 320	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	MR	( ) Delete
Name:	PRICE, JOSEPH V CFO	
Address:	19321-C US HIGHWAY 19 N, SUITE 320	
City-St-Zip:	CLEARWATER, FL 33764	
Title:	MS	( ) Delete
Name:	SAUER, LINDA S COO	
Address:	3290 PINE ORCHARD LANE, SUITE D	
City-St-Zip:	ELLICOTT CITY, MD 21042	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify 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: JOELLEN WOOTEN CONT 03/18/2008

Electronic Signature of Signing Officer or Director — Date