
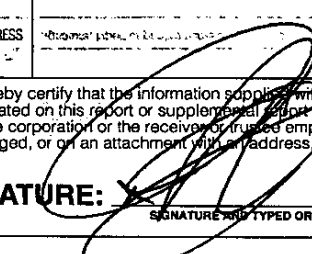


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2005 8:00 am
Secretary of State

04-15-2005 90080 016 ***150.00

DOCUMENT # P04000005815 1. Entity Name EYE REPORT CORPORATION																																			
Principal Place of Business 18181 NE 31 COURT SUITE #202 AVENTURA, FL 33160		Mailing Address 18181 NE 31 COURT SUITE #202 AVENTURA, FL 33160																																	
2. Principal Place of Business 4060 NORTH HILLS DR #4 Suite, Apt. #, etc. 4		3. Mailing Address 4060 NORTH HILLS DRIVE #4 Suite, Apt. #, etc. 4																																	
City & State HOLLYWOOD, FL		City & State HOLLYWOOD, FL																																	
Zip 33021		Zip 33021																																	
Country USA		Country USA																																	
4. FEI Number 20-0573131		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent PRYNC, AMOS 18181 NE 31 COURT AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name AMOS PRYNC Street Address (P.O. Box Number is Not Acceptable) 4060 NORTH HILLS DRIVE #4 City HOLLYWOOD FL Zip Code 33021																																	
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:  AMOS PRYNC DATE: 3/22/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE D NAME PRYNC, AMOS STREET ADDRESS 18181 NE 31 COURT #202 CITY-ST-ZIP AVENTURA, FL 33160 </td> <td style="width:50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE D NAME PRYNC, AMOS STREET ADDRESS 18181 NE 31 COURT #202 CITY-ST-ZIP AVENTURA, FL 33160	<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width:50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;"> 4060 NORTH HILLS DRIVE #4 HOLLYWOOD, FL 33021 </td> <td style="padding: 2px;"> </td> </tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> <tr><td style="padding: 2px;"> </td><td style="padding: 2px;"> </td></tr> </table>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4060 NORTH HILLS DRIVE #4 HOLLYWOOD, FL 33021													
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  AMOS PRYNC DATE: 03/22/05 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			