2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 25, 2008 08:00 AM Secretary of State

1. Entity Nam	MENT # P040000696 otics, inc.	22		
Principal Place of Business 6022 S. TAMIAMI TRAIL SARASOTA, FL 34231 SARASOTA, FL 34231 SARASOTA, FL 34239				
DO NOT WRITE IN THIS SPAC				02152008 No Chg-P CR2E034 (11/05)
DO NOT WALLE IN THIS SEA			O'L	4. FEI Number Applied For Not Applicable
· -			•	5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent				
ROSENBOOM, AMANDA 2001 SIESTA DRIVE 201 SARASOTA, FL 34239				DO NOT WRITE IN THIS SPACE
	named entity submits this statement for thions of registered agent.	e purpose of changing its register	ed office or register	red agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and	ille if applicable, (NDTE, Registere	ed Agent signature required	i when reinsfating) DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Financin Trust Fund Contribution.				.00 May Be led to Fees
10.				
TITLE	PD NALLURI, RAJA			
NAME STREET ADDRESS	2001 SIESTA DRIVE, SUITE 201			
CITY-SI-ZIP SARASOTA, FL 34239				U00000836383
TITLE			1	03/04/08-80015-015 150.00

DO NOT WRITE IN THIS SPACE

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:

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP
CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~ 722/08 c 941 376 C500