
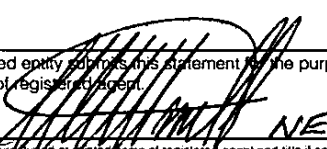
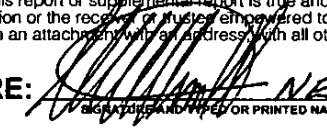


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90004 024 \*\*\*150.00

<b>DOCUMENT # P04000157762</b>					
<b>1. Entity Name</b> <b>VAN GOGH EYEWARE INC</b>					
<b>Principal Place of Business</b> <b>501-C INDUSTRIAL STREET</b> <b>LAKE WORTH, FL 33461</b>			<b>Mailing Address</b> <b>501-C INDUSTRIAL STREET</b> <b>LAKE WORTH, FL 33461</b>		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01122006    Chg-P    CR2E034 (11/05)	
<b>6. Name and Address of Current Registered Agent</b>				<b>7. Name and Address of New Registered Agent</b>	
<b>MICHAEL RAGOONATH &amp; ASSOCIATES INC</b> <b>200 KNUTH ROAD</b> <b>SUITE 218</b> <b>BOYNTON BEACH, FL 33436</b>				<b>Name</b> <b>ATWELL, NEVILLE</b> <b>Street Address (P.O. Box Number is Not Acceptable)</b> <b>501-C INDUSTRIAL STREET</b> <b>City</b> <b>LAKE WORTH</b> <b>FL</b> <b>Zip Code</b> <b>33461</b>	
<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.</b>					
<b>SIGNATURE</b>  <b>NEVILLE ATWELL, DIRECTOR</b> <b>02-02-06</b> <small>Signature of, and or Print Name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> 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>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>CHRISTOPHER, ATWELL</b> <b>501-C INDUSTRIAL STREET</b> <b>LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DIRECTOR</b> <b>NEVILLE ATWELL</b> <b>501-C INDUSTRIAL STREET</b> <b>LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>VP</b> <b>ELIZABETH, ATWELL</b> <b>501-C INDUSTRIAL STREET</b> <b>LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b>  <b>NEVILLE ATWELL</b> <b>02-02-06</b> <b>561-588-6535</b> <small>Signature and Print Name of Signing Officer or Director    Date    Daytime Phone #</small>					