

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000094290

Entity Name: FUSED CONTACTS, INC.

FILED  
Feb 28, 2008  
Secretary of State

## Current Principal Place of Business:

316 ST. JOHNS GOLF DR.  
ST. AUGUSTINE, FL 32092

## New Principal Place of Business:

## Current Mailing Address:

316 ST. JOHNS GOLF DR.  
ST. AUGUSTINE, FL 32092

## New Mailing Address:

P.O. BOX 219142  
KANSAS CITY, MO 64121

FEI Number: 20-3174759

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSCH, DAVID T  
316 ST. JOHNS GOLF DR.  
ST. AUGUSTINE, FL 32092 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: P ( ) Delete  
Name: RUSCH, DAVID T  
Address: 316 ST. JOHNS GOLF DR.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: S ( ) Delete  
Name: RUSCH, DAVID T  
Address: 316 ST. JOHNS GOLF DR.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: C ( ) Delete  
Name: ROSENTHAL, JANE C  
Address: 4601 N.E. 63RD ST.  
City-St-Zip: KANSAS CITY, MO 64119

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## 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:

Title: D ( ) Change (X) Addition  
Name: RUSCH, DAVID T  
Address: 316 ST. JOHNS GOLF DR.  
City-St-Zip: ST. AUGUSTINE, FL 32092

Title: D ( ) Change (X) Addition  
Name: RUSCH, MARK A  
Address: 3901 N.E. 33RD TERRACE, SUITE E  
City-St-Zip: KANSAS CITY, MO 64117

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: JANE C ROSENTHAL

C

02/28/2008

Electronic Signature of Signing Officer or Director

Date