



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000115572 1. Entity Name EYE OF THE BEHOLDER, INC.	
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Principal Place of Business 2520 NW 16TH LANE BAY #6 POMPAÑO BEACH, FL 33064	Mailing Address 2520 NW 16TH LANE BAY #6 POMPAÑO BEACH, FL 33064
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DO NOT WRITE IN THIS SPACE



03152007 No Chg-P CR2E034 (11/05)

4. FEI Number 75-3200155	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 GADRIM, ELLIS B 2520 NW 16TH LANE BAY #6 POMPAÑO BEACH, FL 33064	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000753987 05/22/07-80043-006 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GADRIM, ELLIS B 2520 NW 16TH LANE, BAY #6 POMPAÑO BEACH, FL 33064
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:  **4-27-07**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #