


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2006 8:00 am
Secretary of State

02-07-2006 90022 034 ***150.00

DOCUMENT # P05000139074			
1. Entity Name EYES OF TRINITY, INC.			
Principal Place of Business 6309 FJORD WAY NEW PORT RICHEY, FL 34652		Mailing Address 6309 FJORD WAY NEW PORT RICHEY, FL 34652	
2. Principal Place of Business EYES OF TRINITY		3. Mailing Address EYES OF TRINITY	
Suite, Apt. #, etc. 7813 Mitchell Blvd Suite 111		Suite, Apt. #, etc. 7813 Mitchell Blvd Suite 111	
City & State Trinity, FL 34655		City & State Trinity, FL 34655	
Zip 34655	Country USA	Zip 34655	Country USA
6. Name and Address of Current Registered Agent GIRARD, TODD 6309 FJORD WAY NEW PORT RICHEY, FL 34652		7. Name and Address of New Registered Agent Name GIRARD, TODD Street Address (P.O. Box Number is Not Acceptable) 7813 Mitchell Blvd Suite 111 City Trinity, FL Zip Code 34655	
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 Todd Girard registered agent DATE 4-20-06 <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, 2006 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVD GIRARD, TODD 6309 FJORD WAY NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President DR. VALENT B. AZZUE 8713 Mitchell Blvd Suite 111 Trinity, FL 34655 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GIRARD, CARRIE 6309 FJORD WAY NEW PORT RICHEY, FL 34652 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President CARRIE GIRARD 8713 Mitchell Blvd Suite 111 Trinity, FL 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T LAPORTA, THOMAS 6309 FJORD WAY NEW PORT RICHEY, FL 34652 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Todd Girard		Date 4-20-06 Daytime Phone # 727-376-0801	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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01302006 Chg-P CR2E034 (11/05)

4. FEI Number **20-367029** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**