2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Apr 11, 2007 8:00 am Secretary of State DOCUMENT # P06000107444 1. Entity Name 04-11-2007 90028 040 ***150.00 GLOBAL EYE INDUSTRIES, INC. Principal Place of Business Mailing Address 1009 N DAYTONA AVE P.O.BOX 1997 FLAGLER BCH, FL 32136 FLAGER BCH, FL 32136 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01312007 CR2E034 (12/06) Chg-P City & State Applied For City & State 4. FEI Number *705402268* Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUMPHREY, GREGG Street Address (P.O. Box Number is Not Acceptable) 1009 N DAYTONA AVE FLAGLER BCH, FL 32136 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change Addition TITLE ☐ Delete TITLE HUMPHERY, GREGG NAME NAME STREET ADDRESS 1009 N DAYTONA AVE STREET ADDRESS CITY-ST-ZIP FLAGLER BCH, FL 32136 CITY-ST-ZE ☐ Delete TITLE Change ☐ Addition HUMPHERY, ROBIN NAME 1009 N DAYTONA AVE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP FLAGLER BCH, FL 32136 CiTr - ST-ZiP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Z Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ■ Addition TITLE ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - ZIP 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.

Gress Humpline X 2-1-07

Date

Date

Daytime Phone #

FILED