

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000102516

Entity Name: ST. CLOUD EYE CENTER, INC

FILED
Jan 19, 2009
Secretary of State

Current Principal Place of Business:

4931 BONSAI CIRCLE
#101
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

4691 OLD CANOE CREEK ROAD
ST. CLOUD, FL 34769

Current Mailing Address:

4931 BONSAI CIRCLE
#101
PALM BEACH GARDENS, FL 33418

New Mailing Address:

4691 OLD CANOE CREEK ROAD
ST. CLOUD, FL 34769

FEI Number: 26-0881213

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NGUYEN, LY T
4931 BONSAI CIRCLE
#101
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

NGUYEN, LY T
9242 NORTHLAKE PARKWAY
113
ORLANDO, FL 32827 US

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:

01/19/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NGUYEN, LY T
Address: 4931 BONSAI CIRCLE #101
City-St-Zip: PALM BEACH GARDENS, FL 33418

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NGUYEN, LY T
Address: 9242 NORTHLAKE PARKWAY #113
City-St-Zip: ORLANDO, FL 32827

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: LY T. NGUYEN

PRES

01/19/2009

Electronic Signature of Signing Officer or Director

Date