2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08838

Entity Name: STEREO OPTICAL COMPANY, INC.

FILED Apr 07, 2005 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:			
3539 N. KE CHICAGO,	NTON AVE. IL 60641 U	S					
Current Mailing Address:			New Maili	New Mailing Address:			
LEGAL DE	H AVENUE N. PT ERSBURG, FL	. 33716					
FEI Number:	36-2660807	FEI Number Applied For ()	FEI Number Not Appli	icable ()	Certificate of Status Des	ired()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:			
1200 SOUT	ORATION SYS TH PINE ISLAN DN, FL 33324						
The above in the State	named entity si of Florida.	ubmits this statement for the pur	pose of changing it	ts registered of	fice or registered ager	nt, or both,	
SIGNATUR	:E:						
	Electroni	Signature of Registered Agent			Date		
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	COSQUERIC, CH 1 RUE THOMAS		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	T () I SIEROSLAWSKI 3539 N. KENTON CHICAGO, IL 60	AVE	Title: Name: Address: City-St-Zip:	T (X) STARR, BREND 13515 N STEMM DALLAS, TX 75	MONS FRWY		
Title: Name: Address: City-St-Zip:	AS () I WALSH, GRETC 2400 N 118TH A' SAINT PETERSE	/E	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	V () I THOMAS, JUDY 3539 N. KENTON CHICAGO, IL 60		Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	MILAN, DAVID	Delete MONS FREEWAY 234	Title: Name: Address: City-St-Zip:	()	Change () Addition		
Title: Name: Address: City-St-Zip:	DURANTIS, ROG 147 RUE DE PAI		Title: Name: Address: City-St-Zip:	()	Change () Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: GRETCHEN WALSH AS 04/07/2005