


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90033 023 \*\*\*150.00

| <b>DOCUMENT # P93000040047</b><br>1. Entity Name<br><b>BOB HAM EYEWEAR, INC.</b>   |                           |   |  |    |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
|--|---------------------------|---|--|---|--|----------------------------|--|--|---|--|--|-------|------|---------------------------------|-------|---|--|------|----------|--|------|--|--|----------------|---------------------------|--|----------------|--|--|-------------|------------------------|--|-------------|--|--|-------|---|---------------------------------|-------|---|--|------|----------|--|------|--|--|----------------|---------------------------|--|----------------|--|--|-------------|------------------------|--|-------------|--|--|-------|--|---------------------------------|-------|---|--|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|-------|--|---------------------------------|-------|---|--|------|--|--|------|--|--|----------------|--|--|----------------|--|--|-------------|--|--|-------------|--|--|
| Principal Place of Business<br><b>10601-12 SAN JOSE BLVD<br/>JACKSONVILLE, FL 32257</b>  |                           |   | Mailing Address<br><b>10601-12 SAN JOSE BLVD<br/>JACKSONVILLE, FL 32257</b>  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>9760 SAN JOSE BLVD</b><br>Suite, Apt. #, etc.<br><b>JACKSONVILLE, FL</b><br>City & State  |                           | 3. Mailing Address<br><b>9760 SAN JOSE BLVD</b><br>Suite, Apt. #, etc.<br><b>JACKSONVILLE, FL</b><br>City & State |  | <b>60018854</b><br>   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>32257</b>  |                           | Country<br><b>USA</b>   |  | 4. FEI Number<br><b>59-3185863</b>  |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| Zip<br><b>32257</b>  |                           | Country<br><b>USA</b>   |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 6. Name and Address of Current Registered Agent<br><br><b>HAM, BOB<br/>10601-12 SAN JOSE BLVD<br/>JACKSONVILLE, FL 32257</b>   |                           |   |  | 7. Name and Address of New Registered Agent<br>Name <b>Bob HAM</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>9760 SAN JOSE BLVD</b><br>City <b>JACKSONVILLE</b> <b>FL</b> Zip Code <b>32257</b> |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| 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.<br>SIGNATURE <u>Bob HAM</u><br><small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>  |                           |   |  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2007 Fee will be \$550.00</b>  |                           |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;">TITLE</td> <td style="width: 40%; padding: 2px;">DPVS</td> <td style="width: 30%; text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="width: 30%; padding: 2px;">TITLE</td> <td colspan="2" style="padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HAM, BOB</td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4330 LAKE WOODBOURNE DR S</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">JACKSONVILLE, FL 32257</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td style="padding: 2px;">T</td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td style="padding: 2px;">HAM, BOB</td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td style="padding: 2px;">4330 LAKE WOODBOURNE DR S</td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td style="padding: 2px;">JACKSONVILLE, FL 32257</td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">TITLE</td> <td></td> <td style="text-align: right; padding: 2px;"><input type="checkbox"/> Delete</td> <td style="padding: 2px;">TITLE</td> <td colspan="2" style="text-align: right; padding: 2px;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td style="padding: 2px;">NAME</td> <td></td> <td></td> <td style="padding: 2px;">NAME</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">STREET ADDRESS</td> <td></td> <td></td> <td style="padding: 2px;">STREET ADDRESS</td> <td colspan="2"></td> </tr> <tr> <td style="padding: 2px;">CITY-ST-ZIP</td> <td></td> <td></td> <td style="padding: 2px;">CITY-ST-ZIP</td> <td colspan="2"></td> </tr> </table> |                           |   |  |   |  | 10. OFFICERS AND DIRECTORS |  |  | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 |  |  | TITLE | DPVS | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | HAM, BOB |  | NAME |  |  | STREET ADDRESS | 4330 LAKE WOODBOURNE DR S |  | STREET ADDRESS |  |  | CITY-ST-ZIP | JACKSONVILLE, FL 32257 |  | CITY-ST-ZIP |  |  | TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME | HAM, BOB |  | NAME |  |  | STREET ADDRESS | 4330 LAKE WOODBOURNE DR S |  | STREET ADDRESS |  |  | CITY-ST-ZIP | JACKSONVILLE, FL 32257 |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  | TITLE |  | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |  | NAME |  |  | NAME |  |  | STREET ADDRESS |  |  | STREET ADDRESS |  |  | CITY-ST-ZIP |  |  | CITY-ST-ZIP |  |  |
| 10. OFFICERS AND DIRECTORS   |                           |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | DPVS                      | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | HAM, BOB                  |   | NAME   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 4330 LAKE WOODBOURNE DR S |   | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32257    |   | CITY-ST-ZIP  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  | T                         | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   | HAM, BOB                  |   | NAME   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   | 4330 LAKE WOODBOURNE DR S |   | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  | JACKSONVILLE, FL 32257    |   | CITY-ST-ZIP  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                           |   | NAME   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                           |   | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   | CITY-ST-ZIP  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| TITLE  |                           | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| NAME   |                           |   | NAME   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| STREET ADDRESS   |                           |   | STREET ADDRESS   |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| CITY-ST-ZIP  |                           |   | 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.   |                           |   |  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |
| <b>SIGNATURE:</b> <u>Bob HAM</u> <span style="float: right;"><b>2.21.2007</b></span><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                           |   |  |   |  |                            |  |  |   |  |  |       |      |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |   |                                 |       |   |  |      |          |  |      |  |  |                |                           |  |                |  |  |             |                        |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |       |  |                                 |       |   |  |      |  |  |      |  |  |                |  |  |                |  |  |             |  |  |             |  |  |