2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2011
Secretary of State

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Entity Name: SNG LABS/SNG PROSTHETIC EYE INSTITUTE, INC.

Current Principal Place of Business:

950 N.W. 9TH CT.
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

4445 WOODFIELD BLVD.
BOCA RATON, FL 33434 US

New Mailing Address:

FEI Number: 65-0580048 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NICOLE GARONZIK
4445 WOODFIELD BLVD
BOCA RATON, FL 33434 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P
Name: GARONZIK, NICOLE
Address: 4445 WOODFIELD BLVD.
City-St-Zip: BOCA RATON, FL 33434

Title: T
Name: GORDON, SANDI
Address: 6701 SOUTHPORT DR.
City-St-Zip: BOTNTON BEACH, FL 33437

Title: T
Name: GORDON, SANDI
Address: 6701 SOUTHPORT DR
City-St-Zip: BOYNTON BEACH, FL 33437

I hereby 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 all other like empowered.

SIGNATURE: NICOLE GARONZIK P 03/04/2011

Electronic Signature of Signing Officer or Director Date