

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000046373

Entity Name: CRYSTAL PHOTONICS, INC.

FILED
Apr 23, 2007
Secretary of State

Current Principal Place of Business:

5525 BENCHMARK LANE
SANFORD, FL 32773

New Principal Place of Business:

Current Mailing Address:

5525 BENCHMARK LANE
SANFORD, FL 32773

New Mailing Address:

FEI Number: 59-3325347 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

O'KANE, MATTHEW R
LOWNDES, DROSDICK, DOSTER, KANTOR ET AL
215 NORTH EOLA DRIVE
ORLANDO, FL 32802 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

Election Campaign Financing Trust Fund Contribution (X).

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: CHAI, BRUCE H T
Address: 2615 WESTMINSTER TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: O () Delete
Name: CHAI, CAROLINE C
Address: 2615 WESTMINSTER TERRACE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: HUSEMAN, RICHARD
Address: 670 WEST PALM VALLEY DRIVE
City-St-Zip: OVIEDO, FL 32765

Title: D () Delete
Name: KRUPKE, WILLIAM F
Address: 1564 FOOTHILL ROAD
City-St-Zip: PLEASANTON, CA 94588

Title: D () Delete
Name: LAY, JEAN F
Address: 38 LEMON COURT
City-St-Zip: HILLSBOROUGH, CA 94010

Title: D (X) Delete
Name: THOMPSON, MALCOM J
Address: 1181 ELENA PRIVADA
City-St-Zip: MOUNTAIN VIEW, CA 94040

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: CAROLINE C. CHAI

O

04/23/2007

Electronic Signature of Signing Officer or Director

Date