## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P98000062260

Entity Name: STERLING VISION OF THE FALLS, INC.

FILED Mar 31, 2006 Secretary of State

| Current Principal Place of Business:  |   |                                      | New Princ                         | New Principal Place of Business:                         |                                      |  |
|---|---|--------------------------------------|-----------------------------------|--|--------------------------------------|--|
| 100 QUENTIN ROOSEVELT BLVD  |   |                                      |                                   |  |                                      |  |
| SUITE 508<br>GARDEN C   | ITY, NY 11530                                       | US                                   |                                   |  |                                      |  |
| Current Mailing Address:  |   |                                      | New Mailing Address:              |  |                                      |  |
| 100 QUENTIN ROOSEVELT BLVD  |   |                                      |                                   |  |                                      |  |
| SUITE 508<br>GARDEN C   | ITY, NY 11530                                       | 11530 US                             |                                   |  |                                      |  |
| FEI Number: 1   | 11-3481995  | FEI Number Applied For() FEI Nu      | ımber Not Appl                    | icable ( )   | Certificate of Status Desired ( )    |  |
| Name and  | Address of Cur                                      | rent Registered Agent:               | Name and                          | Address of N   | New Registered Agent:                |  |
| BLUMBERG EXCELSIOR CORP SERVICES, INC.<br>4435 OLD WINTER GARDEN ROAD<br>ORLANDO, FL 32811 US |   |                                      |                                   |  |                                      |  |
| The above r   |   | omits this statement for the purpose | of changing it                    | ts registered o  | office or registered agent, or both, |  |
| SIGNATURE:  |   |                                      |                                   |  |                                      |  |
|   | Electronic  | Signature of Registered Agent        |                                   |  | Date                                 |  |
| Election Cam  | paign Financing Ti                                  | rust Fund Contribution ( ).          |                                   |  |                                      |  |
| OFFICERS AND DIRECTORS:   |   |                                      | ADDITION                          | ${\bf ADDITIONS/CHANGES\ TO\ OFFICERS\ AND\ DIRECTORS:}$ |                                      |  |
| Title:  | CFO () De   | elete                                | Title:                            | CFO (X<br>ALESSI, BRIAN                                  | ) Change ()Addition                  |  |
| Name:<br>Address:<br>City-St-Zip:   | ALESSI, BRIAN<br>100 QUANTIN ROC<br>GARDEN CITY, NY |                                      | Name:<br>Address:<br>City-St-Zip: | Address: 100 QUENTIN ROOSEVELT BLVD STE 508              |                                      |  |
| Title:  | CCOO () De  |                                      | Title:                            | ( )  | ) Change ( ) Addition                |  |
| Name:<br>Address:   | HERSKOWITZ, SA<br>83-09 CHEVY CHA                   |                                      | Name:<br>Address:                 | ddress:  |                                      |  |
| City-St-Zip:  | JAMAICA, NY 114                                     | 32                                   | City-St-Zip:                      |  |                                      |  |
| Title:  | CCOO () De  | elete                                | Title:                            | ( )  | ) Change()Addition                   |  |
| Name:<br>Address:   | LEWIS, MYLES<br>7017 W MELINDA                      | LANE                                 | Name:<br>Address:                 |  |                                      |  |
| City-St-Zip:  | GLENDALE, AZ 8                                      | 5308                                 | City-St-Zip:                      |  |                                      |  |
| Title:  | COBD () De  |                                      | Title:                            | ( )  | ) Change ()Addition                  |  |
| Name:<br>Address:   | COHEN, ALAN OF<br>3 SURREY LANE                     | )                                    | Name:<br>Address:                 |  |                                      |  |
| City-St-Zip:  | OLD WESTBURY,                                       | NY 11568                             | City-St-Zip:                      |  |                                      |  |
| Title:  | D ( ) De  | elete                                | Title:                            | ( )  | ) Change ()Addition                  |  |
| Name:   | COHEN, ROBERT                                       |                                      | Name:                             |  |                                      |  |
| Address:<br>City-St-Zip:  | 315 LEAWARD LA<br>QUAGUE, NY 119                    |                                      | Address:<br>City-St-Zip:          |  |                                      |  |
| Title:  | D () De   | elete                                | Title:                            | ( )  | ) Change ( ) Addition                |  |
| Name:   | GOLD, JOEL  | OCEVELT BLVD                         | Name:                             |  |                                      |  |
| Address:<br>City-St-Zip:  | 100 QUINTON ROO<br>GARDEN CITY, NY                  |                                      | Address:<br>City-St-Zip:          |  |                                      |  |
| <i>y</i> —  | ,.,.  |                                      | , <u></u>                         |  |                                      |  |

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: BRIAN ALESSI CFO 03/31/2006