## FOR PROFIT CORPORATION

FILED UNIFORM BUSINESS REPORT (UBR) 03 JUN 11 PM 12: 37 7980111067072 DOCUMENT # 1. Entity Name SECRETARY OF STATE TALLAHASSEE FLORIDA HGDM OPTICS, INC DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 2601 NORTH FLAGLER DRIVE 2601 NORTH FLAGLER DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 203 203 City & State City & State Applied For 65-0865112 ST PALM BEACH, FL WEST PALM BEACH, FL Not Applicable Zip 33407 Country Country \$8.75 Additional 5. Certificate of Status Desired 33407 US US 7. Name and Address of Current Registered Agent Name HUGH GLATTS DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 2765 MEADOWLARK LANE-2735 Maddoularle CM City WEST PALM BEACH Zip Code 33409 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. SIGNATURE nature, typed or printed name of registered agent and ti (NOTE; Registered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10, TITLE CR2E034B (12/02) PRESIDENT HUGH GLATTS 1110 NAME NAME 700020780120 STREET ADDRESS STREET ADDRESS 2785 MEADOWLARK LANE 33409 CiTY=SIFZIP1 CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP -JULE NAME NAME: STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other like empowered.

NAME:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

NTED NAME OF SIGNING OFFICER OR DIRECTOR