


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000068786
 1. Entity Name
 ULTIMATE OPTICAL, INC.



Principal Place of Business 100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076	Mailing Address 100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076
---	---



02072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0856480	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP ROTHROCK, KIRK E 100 MANSELL COURT EAST, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MITCHELL, BRUCE A 100 MANSELL COURT EAST, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO BRAVERMAN, HOWARD 100 MANSELL COURT EAST, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DCEO LIANE, PETER 100 MANSELL COURT EAST, STE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DUNAWAY, GEORGE W 100 MANSELL COURT EAST SUITE 400 ROSWELL, GA 30076
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

000000430057
 02/22/06-80033-012 150.00

DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Bruce A. Mitchell Bruce A. Mitchell, Secretary 02/07/06 770.998.8936
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #