


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90243 005 ***150.00

DOCUMENT # P99000058481 1. Entity Name OPTIC HOST CORP.					
Principal Place of Business 3130 S.E. GRAN PARK WAY STUART, FL 34997			Mailing Address P.O. BOX 1259 PALM CITY, FL 34991-1259		
2. Principal Place of Business - No P.O. Box # 17 SW MARTIN LUTHER KING BLVD		3. Mailing Address Suite, Apt. #, etc.			
City & State STUART, FLORIDA		City & State Suite, Apt. #, etc.		4. FEI Number 65-0937480	
Zip 34994		Country MARTIN		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CANTOR, DON 3130 S.E. GRAN PARK WAY STUART, FL 34997				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 17 SW MARTIN LUTHER KING JR BLVD City STUART FL Zip Code 34994	
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 <u><i>Don Cantor, PRESIDENT</i></u> APRIL 29, 2008 <small>Signature, typed or printed name of registered agent and title, applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANTOR, DONALD PO BOX 1259 PALM CITY, FL 34991259	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CANTOR, STUART 98 BIRCHWOOD PARK DRIVE JERICHO, NY 11753	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LYNCH, JAMES D 51 CLIFFORD BLVD HAUPPAGUE, NY 11788	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
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: <u><i>Don Cantor, PRESIDENT</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			APRIL 29, 2008 <small>Date Daytime Phone #</small>		