2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006
Secretary of State

DOCUMENT# P99000059423

Entity Name: WEST COAST MOBILE EYE CARE, INC.

Current Principal Place of Business:

5537 SHELDON RD.
SUITE A
TAMPA, FL 33615 US

New Principal Place of Business:

25D COLLEGE AVE W
SUITE D
RUSKIN, FL 33570 US

Current Mailing Address:

11425 GEORGETOWN CIR.
TAMPA, FL 33635 US

New Mailing Address:

FEI Number: 65-0937214 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NGAR, LUCIE N DR.
11425 GEORGETOWN CIR
TAMPA, FL 33635 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 ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: NGAR, LUCIE
Address: 5537 SHELDON RD, SUITE A
City-St-Zip: TAMPA, FL 33615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: NGAR, LUCIE
Address: 25D COLLEGE AVE W
City-St-Zip: RUSKIN, FL 33570

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: LUCIE NGAR P 04/07/2006

Electronic Signature of Signing Officer or Director Date