2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# S34615

Entity Name: SHARPER VISION OPTICAL, INC.

Current Principal Place of Business:

22191 POWERLINE RD
SUITE 27C
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

22191 POWERLINE RD
SUITE 27C
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 65-0247081 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHARF, ROBERT D.
1999 UNIVERSITY DR
SUITE 402
CORAL SPRINGS, FL 33071 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: D ( ) Delete
Name: EDELMAN, REED S.,
Address: 22191 POWERLINE RD #27C
City-St-Zip: BOCA RATON, FL 33433

Title: D ( ) Delete
Name: EDELMAN, CATHERINE F, .
Address: 22191 POWERLINE RD #27C
City-St-Zip: BOCA RATON, FL 33433

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DR. (X) Change ( ) Addition
Name: EDELMAN, REED S.,
Address: 22191 POWERLINE RD #27C
City-St-Zip: BOCA RATON, FL 33433 US

Title: MRS. (X) Change ( ) Addition
Name: EDELMAN, CATHERINE F, .
Address: 22191 POWERLINE RD #27C
City-St-Zip: BOCA RATON, FL 33433 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REED S. EDELMAN DR. 03/29/2005

Electronic Signature of Signing Officer or Director — Date