## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 13, 2006 08:00 AM Secretary of State DOCUMENT #V13499 FIBEROPTIC ENGINEERING CORPORATION Principal Place of Business Mailing Address 6541 BAY LINE DR 6541 BAY LINE DR PANAMA CITY, FL 32404 PANAMA CITY, FL 32404 No Chg-P CR2E034 (11/05) 01102006 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3138109 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent DO NOT WRITE PETTIS, FRANCIS J. 6541 BAY LINE DR PANAMA CITY, FL 32404 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent aignature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. MLE PETTIS, FRANCIS NAME STREET ADDRESS 6541 BAY LINE DR CITY-ST-ZIP PANAMA CITY, FL 32404 U00000386176 01/18/06-80047-018 150.00 TITLE PETTIS, KENNETH W NAME 6541 BAY LINE DRIVE STREET ADDRESS CITY-ST-ZIP PANAMA CITY, FL. 32404 TITLE BENEFIELD, JODY NAME STREET ADDRESS 7520 RAILROAD AVE. DO NOT WRITE PANAMA CITY, FL 324041 CITY-ST-7P IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. Thereby certify that the information supplied with this filling 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SKINING OFFICER OR DIRECTOR

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