FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

DEPARTMENT OF STATE

APPROVED AND FILED

9:37

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # V62326 (6)

1. Corporate Name

PRESSURE-EYE'S, INC.

Principal Place of Business

2450-B SE FEDERAL HWY
STUART FL 34994

Mailing Address

2450-B SE FEDERAL HWY
STUART FL 34994

3. Date Incorporated (or Qualified) 09/09/1992

3a. Date of Last Report 04/26/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City, State

23

Zip 24 Country 25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City, State

28

Zip 29 Country 30

4. FEI Number 65-0354723

Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. The corporation has been designated by election under Section 607.0505 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CHAO, JANE
855 S FEDERAL HWY
SUITE 205 A
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name FANG, DAVID

82 Street Address (P.O. Box Number is Not Acceptable)

83 2065 SW OLYMPIC CLUB TER

84 City PALM CITY FL 85 Zip Code 34990

11. Pursuant to the provisions of Section 607.0505, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida and I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICER AND DIRECTOR

TITLE	DP
NAME	CONDON, TODD
STREET ADDRESS	256 SW CRESCENT AVE
CITY, ST, ZIP	PORT ST LUCIE FL
TITLE	DV
NAME	FANG, DAVID
STREET ADDRESS	2065 SW OLYMPIC CLUB TER
CITY, ST, ZIP	PALM CITY FL
TITLE	DS
NAME	LI, JAMES K
STREET ADDRESS	1966 SE CAMDEN ST
CITY, ST, ZIP	PORT ST LUCIE FL

13. ADDITION, CHANGE OR DELETION OF OFFICERS AND DIRECTORS

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing, if voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information contained in the annual report or supplemental annual 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 the report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an asterisk.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0380483 CP