

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N01000006427

**Entity Name:** 3RD EYE, INC.

**Current Principal Place of Business:**

2124 LISTON CT.  
ORLANDO, FL 32811

**Current Mailing Address:**

2124 LISTON CT.  
ORLANDO, FL 32811

**FEI Number:** 37-1429416

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

BELL, LESLIE S  
2124 LISTON CT.  
ORLANDO, FL 32811 US

*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

**Officer/Director Detail :**

Title PD  
Name BELL, LESLIE S  
Address 2124 LISTON CT.  
City-State-Zip: ORLANDO FL 32811

Title SD  
Name EVANS, AMORA  
Address 2124 LISTON CT.  
City-State-Zip: ORLANDO FL 32811

Title TD  
Name BELL, JIMMIE R  
Address 2124 LISTON CT.  
City-State-Zip: ORLANDO FL 32811

Title VPD  
Name WILCOX, PAMELA D  
Address 2124 LISTON CT.  
City-State-Zip: ORLANDO FL 32811

Title O  
Name MOSLEY, TERRENCE T  
Address 2124 LISTON COURT  
City-State-Zip: ORLANDO FL 32811

*I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LESLIE S. BELL

**PRESIDENT**

**03/06/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date