
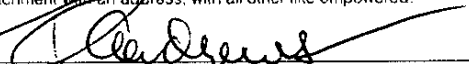


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2007 8:00 am
Secretary of State

03-15-2007 90025 019 ***150.00

DOCUMENT # F99000002718					
1. Entity Name STAAR SURGICAL COMPANY					
Principal Place of Business 1911 WALKER AVE. MONROVIA, CA 91016		Mailing Address 1911 WALKER AVE. MONROVIA, CA 91016			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 95-3797439	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			7. Name and Address of New Registered Agent		
			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	V	<input type="checkbox"/> Delete	TITLE	D Morrison, David	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDREWS, DEBORAH		NAME	1911 Walker Ave.	
STREET ADDRESS	1911 WALKER AVE		STREET ADDRESS	Monrovia, CA 91016	
CITY-ST-ZIP	MONROVIA, CA 91016		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAUL, TOM		NAME		
STREET ADDRESS	1911 WALKER AVE		STREET ADDRESS		
CITY-ST-ZIP	MONROVIA, CA 91016		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CURTIS, NICK		NAME		
STREET ADDRESS	1911 WALKER AVE		STREET ADDRESS		
CITY-ST-ZIP	MONROVIA, CA 91016		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOLKER, ANHAEUSSER		NAME		
STREET ADDRESS	1911 WALKER AVE.		STREET ADDRESS		
CITY-ST-ZIP	MONROVIA, CA 91016		CITY-ST-ZIP		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, DAVID		NAME		
STREET ADDRESS	1911 WALKER AVE		STREET ADDRESS		
CITY-ST-ZIP	MONROVIA, CA 91016		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUFFY, DONALD		NAME		
STREET ADDRESS	1911 WALKER AVENUE		STREET ADDRESS		
CITY-ST-ZIP	MONROVIA, CA 91016		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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: 			3/8/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		