

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K39350

FILED
Jun 29, 2006
Secretary of State

Entity Name: OCUCARE SYSTEMS, INC.

Current Principal Place of Business:

9040 W ST RD 84
FT LAUDERDALE, FL 33324 US

New Principal Place of Business:

9042 W ST RD 84
FT LAUDERDALE, FL 33324 US

Current Mailing Address:

9040 W ST RD 84
FT LAUDERDALE, FL 33324 US

New Mailing Address:

112 ZEBULON COURT
ROCKY MOUNT, NC 27804 US

FEI Number: 65-0094759

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALLS, CHRISTOPHER J
Address: 87 GRANDVIEW AVENUE
City-St-Zip: WATERBURY, CT 06708

Title: V () Delete
Name: DAVIS, JOHN R
Address: 9040 W ST RD 84
City-St-Zip: FT LAUDERDALE, FL 33324

Title: TD (X) Delete
Name: BLASKIEWICZ, WILLIAM A
Address: 87 GRANDVIEW AVENUE
City-St-Zip: WATERBURY, CT 06708

Title: SD (X) Delete
Name: HARROLD, JASON M
Address: 112 ZEBULON COURT
City-St-Zip: ROCKY MOUNT, NC 27804

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HARROLD, JASON M
Address: 112 ZEBULON COURT
City-St-Zip: ROCKY MOUNT, NC 27804 US

Title: V (X) Change () Addition
Name: DAVIS, JOHN R
Address: 9042 W ST RD 84
City-St-Zip: FT LAUDERDALE, FL 33324 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JASON M. HARROLD

PD

06/29/2006

Electronic Signature of Signing Officer or Director

_____ Date