

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000008869

FILED  
Apr 10, 2007  
Secretary of State

Entity Name: SECOND VISION, INC.

**Current Principal Place of Business:**

8080 SE PEPPERCORN CT  
HOBE SOUND, FL 33455

**New Principal Place of Business:**

**Current Mailing Address:**

8080 SE PEPPERCORN CT  
SUITE 160  
HOBE SOUND, FL 33455

**New Mailing Address:**

FEI Number: 69-0004957

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RAFAELS, DIANE C  
8080 SE PEPPERCORN COURT  
HOBE SOUND, FL 33455 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

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: RAFAELS, DIANE C  
Address: 8080 SE PEPPERCORN COURT  
City-St-Zip: HOBE SOUND, FL 33455

Title: PD ( ) Delete  
Name: UMBERTO, RAFAELS  
Address: 8080 SE PEPPERCORN COURT  
City-St-Zip: HOBE SOUND, FL 33455

Title: D ( ) Delete  
Name: CHANDLER, WILLIAM B JR  
Address: 4511 ALPINE CT.  
City-St-Zip: SNELLVILLE, GA 30039

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

Title: PD (X) Change ( ) Addition  
Name: RAFAELS, UMBERTO  
Address: 8080 SE PEPPERCORN COURT  
City-St-Zip: HOBE SOUND, FL 33455

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

SIGNATURE: UMBERTO RAFAELS

PD

04/10/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date