2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000012248

Entity Name: NOWVISION TECHNOLOGIES, INC.

FILED Apr 30, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

935 MAIN ST. 1353 FORESTEDGE BLVD SUITE C-1 OLDSMAR, FL 34677 U

SAFETY HARBOR, FL 34695 US

Current Mailing Address: New Mailing Address:

935 MAIN ST. 1353 FORESTEDGE BLVD SUITE C-1 OLDSMAR, FL 34677 US

SAFETY HARBOR, FL 34695 US

FEI Number: 65-0986376 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NEILL, DON
6107-D MEMORIAL HWY
TAMPA, FL 33615 US
NEILL, DON
1353 FORESTEDGE BLVD
OLDSMAR, FL 34677 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: 04/30/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: CPST (X) Change () Addition

Name: NEILL, HARRIET M Name: NEILL, DON F
Address: 1353 FORESTEDGE BLVD Address: 1353 FORESTEDGE BLVD

City-St-Zip: OLDSMAR, FL 34677 City-St-Zip: OLDSMAR, FL 34677

Title: CPST () Delete Title: VP (X) Change () Addition

 Name:
 NEILL, DON F
 Name:
 MORTAZAVI, MIR M

 Address:
 1353 FORESTEDGE BLVD
 Address:
 9621 ROYCE DRIVE

 City-St-Zip:
 OLDSMAR, FL 34677
 City-St-Zip:
 TAMPA, FL 33626

Title: VP (X) Delete Title: () Change () Addition

 Name:
 MORTAZAVI, MIR M
 Name:

 Address:
 9621 ROYCE DRIVE
 Address:

 City-St-Zip:
 TAMPA, FL 33626
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DON F. NEILL PRES 04/30/2008