

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000015051

FILED  
Jul 24, 2007  
Secretary of State

Entity Name: POLLAVISION, INC.

**Current Principal Place of Business:**

121 NE 92ND ST  
MIAMI, FL 33138

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 370652  
MIAMI, FL 33137

**New Mailing Address:**

85 RIVERSIDE AVE  
MACON, GA 31210

FEI Number: 59-3625532

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MILAM HOWARD NICANDRI DEES&GILLAM  
14 EAST BAY STREET  
JACKSONVILLE, FL 32202 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: D ( ) Delete  
Name: LAWRENCE, POLLA  
Address: 100 NE 39TH ST  
City-St-Zip: MIAMI, FL 33137

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

Title: D (X) Change ( ) Addition  
Name: LAWRENCE, POLLA  
Address: 85 RIVERSIDE LANDING  
City-St-Zip: MACON, GA 31210

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: LAWRENCE POLLA

PRES

07/24/2007

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

\_\_\_\_\_ Date