## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F02000000569

Entity Name: ENVISION PHARMACEUTICAL SERVICES, INC.

FILED Feb 16, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	1WAY DR. STE 1OE, NV 8944				
Current Mailing Address:			New Mailing Address:		
PO BOX 6 STATELIN	957 IE, NV 89449				
FEI Number	: 88-0511398	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:		
The above in the Stat	SSEE, FL 323 e named entity e of Florida.		purpose of changing its registe	red office or registered agent, or both,	
SIGNATU		nic Signature of Registered Ag	aut	Data	
Election Ca		g Trust Fund Contribution ( ).	eni	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P ( NAGLE, KEVIN PO BOX 4470 STATELINE, N		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T ( KATZ, BARRY PO BOX 4470 STATELINE, N	) Delete √ 89449	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S ( BATRICK, DAV PO BOX 4470 STATELINE. N		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DAVID BATRICK S 02/16/2005