

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000569

FILED  
Apr 14, 2008  
Secretary of State

Entity Name: ENVISION PHARMACEUTICAL SERVICES, INC.

## Current Principal Place of Business:

297 KINGSBURY GRADE STE.B  
LAKE TAHOE, NV 89449

## New Principal Place of Business:

1000 E. WILLIAMS STREET  
SUITE 204  
CARSON CITY, NV 89701

## Current Mailing Address:

PO BOX 6957  
STATELINE, NV 89449

## New Mailing Address:

2181 E. AURORA ROAD  
TWINSBURG, OH 44087

FEI Number: 88-0511398

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CAPITOL CORPORATE SERVICES, INC.  
155 OFFICE PLAZA DR.  
SUITE A  
TALLAHASSEE, FL 32301 US

## Name and Address of New Registered Agent:

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: JEFFREY R. GRAVES, ASSISTANT SECRETARY

04/14/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: NAGLE, KEVIN  
Address: PO BOX 4470  
City-St-Zip: STATELINE, NV 89449

Title: T ( ) Delete  
Name: KATZ, BARRY  
Address: PO BOX 4470  
City-St-Zip: STATELINE, NV 89449

Title: S ( ) Delete  
Name: BATRICK, DAVID  
Address: PO BOX 4470  
City-St-Zip: STATELINE, NV 89449

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: NAGLE, KEVIN M  
Address: 5140 ROBERT J. MATHEWS PKWY, SUITE 100  
City-St-Zip: EL DORADO HILLS, CA 95762

Title: T (X) Change ( ) Addition  
Name: KATZ, BARRY I  
Address: 1001 S. ANDREWS AVE. 2ND FLOOR  
City-St-Zip: FT. LAUDERDALE, FL 33316

Title: S (X) Change ( ) Addition  
Name: SAMUELS, EUGENE P  
Address: 5140 ROBERT J. MATHEWS PKWY, SUITE 100  
City-St-Zip: EL DORADO HILLS, CA 95762

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: EUGENE P. SAMUELS

S

04/14/2008

Electronic Signature of Signing Officer or Director

Date