

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F04000001564

1. Entity Name
RED VISION SYSTEMS, INCORPORATED



Principal Place of Business
5341 SW 91ST TERRACE, SUITE E
GAINESVILLE, FL 32608

Mailing Address
5341 SW 91ST TERRACE, SUITE E
GAINESVILLE, FL 32608

2. Principal Place of Business
100 SW 75TH STREET

3. Mailing Address
100 SW 75TH STREET

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.
301

City & State
GAINESVILLE, FL

City & State
GAINESVILLE, FL

Zip
32607

Country
ALASKA

Zip
32607

Country
ALASKA

02162005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent

MULDOON, CRAIG
5341 SW 91ST TERRACE, SUITE E
GAINESVILLE, FL 32608

7. Name and Address of New Registered Agent

Name
MULDOON, CRAIG
Street Address (P.O. Box Number is Not Acceptable)
100 SW 75TH STREET, SUITE 301

City
GAINESVILLE

FL Zip Code
32607

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/21/05

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | |
|--|--|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MULDOON, CRAIG 5341 SW 91ST TERRACE, SUITE E GAINESVILLE, FL 32607 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD ROSS, JOSEPH 5341 SW 91ST TERRACE, SUITE E GAINESVILLE, FL 32607 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TWIBELL, BRIAN 5341 SW 91ST TERRACE, SUITE E GAINESVILLE, FL 32607 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MAZZOLA, MIKE 5341 SW 91ST TERRACE, SUITE E GAINESVILLE, FL 32608 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | D LERARR, ANDREW 100 SW 75TH ST, SUITE 301 GAINESVILLE, FL 32607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | D GALLAGHER, MIKE 100 SW 75TH ST, SUITE 301 GAINESVILLE, FL 32607 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/05

352-331-8242

Date

Daytime Phone #