## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000001564

Entity Name: RED VISION SYSTEMS, INCORPORATED

FILED Mar 26, 2009 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
SUITE#30	TH STREET # 1 LE, FL 32607	<del>(</del> 301			
Current Mailing Address:			New Mailing Address:		
100 SW 75TH STREET #301 SUITE 301 GAINESVILLE, FL 32607					
FEI Number:	59-3750631	FEI Number Applied For ( ) FEI Nu	mber Not Appli	cable ( ) Certificate of Status Desired ( )	
Name and	Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
MULDOON, CRAIG 100 SW 75TH STREET SUITE 301 SUITE 301 GAINESVILLE, FL 32607 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.				
SIGNATUR		c Signature of Registered Agent		Date	
Election Cam		Trust Fund Contribution ( ).		Date	
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:					
Title: Name: Address: City-St-Zip:	CEO () BRIAN, TWIBEL 100 SW 75TH S GAINESVILLE, F	T SUITE 301	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CFO () CARUS, MICHAI 100 SW 75TH S GAINESVILLE, F	T SUITE 301	Title: Name: Address: City-St-Zip:	PRES (X) Change ( ) Addition CARUS, MICHAEL 100 SW 75TH ST SUITE 301 GAINESVILLE, FL 32607	
Title: Name: Address: City-St-Zip:	D () ERICSON, RICH 100 SW 75TH S GAINESVILLE, F	T SUITE 301	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition ERICSON, RICH 379 THORNALL STREET EDISON, NJ 08837	
Title: Name: Address: City-St-Zip:	D () GOLDSMITH, BA 100 SW 75TH GAINESVILLE, F		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition GOLDSMITH, BARRY 379 THORNALL STREET EDISON, NJ 08837	
Title: Name: Address: City-St-Zip:	D () DWYER, JOHN 100 SW 75TH S GAINESVILLE, F		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DWYER, JOHN 3033 SOUTH PARKER ROAD AURORA, CO 80014	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	D ( ) Change (X) Addition ALEGRA, JOE 1009 LENOX DRIVE LAWRENCEVILLE, NJ 08648	

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: CRAIG MULDOON VP 03/26/2009