


2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

DOCUMENT # F97000004640		
1. Entity Name PROGRESSIVE VISION INTERNATIONAL, INC.		
Principal Place of Business ROUTE #1 CREEK ROAD LEOLA, PA 17540 US	Mailing Address P.O. BOX 31393 JERUSALEM, ISRAEL, 91313, OC	



01282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-2062334	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  KUELER, YOSEF 4751 N.W. 24TH COURT LAUDERDALE LAKES, FL 33313	DO NOT WRITE IN THIS SPACE
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$51.25  
Due by May 1, 2004

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

000000075731  
03/03/04-80072-007 70.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HESS, TOM ROUTE #1, CREEK ROAD LEOLA, PA 17540
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BERNIS, JONATHAN 16001 N. 34TH STREET PHOENIX, AZ 85032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SEGAL, BARRY SHOSHANA ST. #57 90805, MEVASERRET, ISRAEL,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOWENTHAL, JEFFREY 555 CITY LINE AVE., SUITE 440 BALA CYNWAD, PA 19004
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE  
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  THOMAS D. HESS 18 Feb 2004 + 972 2628 2605

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #