2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

FILED Apr 15, 2005 08:00 AM Secretary of State DOCUMENT # J87239 1. Entity Name MOBILEVISION TECHNOLOGY, INC. Principal Place of Business Mailing Address % SAUL SWIMMER 1002 MADRID STREET CORAL GABLES FL 33134 US % SAUL SWIMMER 1002 MADRID STREET CORAL GABLES FL 33134 2. Principal Place of Business__ 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 13-3081198 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWIMMER, SAUL Street Address (P.O. Box Number is Not Acceptable) 1002 MADRID STREET CORAL GABLES FL 33134 Zip Code 9. 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, typod or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** TITLE THEE ☐ Delete ☐ Change ☐ Addition SWIMMER, SAUL U00000306682 NAME 14/15/05-80029-017 150.00 1002 MADRID STREET STREET ADDRESS STREET ADDRESS CORAL GABLES FL CITY-ST-7IP CHY-ST-7IP TITLE ☐ Defete THLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete HHE ☐ Change Addition Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST 7IP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIE Delete TUTLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HILL Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CUTY ST. 7IP

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 reports 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 employered 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: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-05 305-461-0123