2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# L08000006761

Entity Name: ALTERED VISIONS, LLC

Current Principal Place of Business:

1683 NORTH HARBOUR CITY BLVD.
SUITE B
MELBOURNE, FL 32935

New Principal Place of Business:

Current Mailing Address:

1683 NORTH HARBOUR CITY BLVD.
SUITE B
MELBOURNE, FL 32935

New Mailing Address:

FEI Number: 59-3439745 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOLIN, GLEN E
1683 NORTH HARBOR CITY BLVD.
STE. B
MELBOURNE, FL 32935 US

Name and Address of New Registered Agent:

MOLIN, GLEN
1683 NORTH HARBOR CITY BLVD.
STE. B
MELBOURNE, FL 32935 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: GLEN MOLIN 04/27/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MOLIN, GLEN E
Address: 1683 N. HARBOR CITY BLVD., STE. B
City-St-Zip: MELBOURNE, FL 32935

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MOLIN, GLEN
Address: 1683 N. HARBOR CITY BLVD., STE. B
City-St-Zip: MELBOURNE, FL 32935

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: GLEN MOLIN MGR 04/27/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date