

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L28778

FILED
Apr 27, 2005
Secretary of State

Entity Name: TRI-VISION ELECTRONICS, INC.

Current Principal Place of Business:

% JEANNE TRIVISON
7178 S.E. OSPREY ST.
HOBE SOUND, FL 33455

New Principal Place of Business:

Current Mailing Address:

% JEANNE TRIVISON
7178 S.E. OSPREY ST.
HOBE SOUND, FL 33455

New Mailing Address:

FEI Number: 65-0156855

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRIVISON, JEANNE
7178 S.E. OSPREY ST
HOBE SOUND, FL 33455 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: TRIVISON, JEANNE,
Address: 3700 SE SEA POINT CT
City-St-Zip: STUART, FL

Title: TSD () Delete
Name: TRIVISON, RICHARD J.,
Address: 705 NIGHTHAWK WAY
City-St-Zip: N. PALM BEACH, FL

Title: VD () Delete
Name: SAVARD, ROBERT J.
Address: 847 COUNTRY CLUB COUR
City-St-Zip: NORTH PALM BEACH, F

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JEANNE TRIVISON

PD

04/27/2005

Electronic Signature of Signing Officer or Director

Date