

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2007 8:00 am
Secretary of State

05-23-2007 90026 038 ****61.25

DOCUMENT # N03000000041 1. Entity Name WORLD CARE VISION INTERNATIONAL, CORP.			
Principal Place of Business 1425 NW 192ND TERRACE MIAMI, FL 33169		Mailing Address 1425 NW 192ND TERRACE MIAMI, FL 33169	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 8757 Baystone Cove Suite, Apt. #, etc.	
City & State Boynton Beach FL		4. FEI Number 65-7204697	
Zip 33437		Country W. Palm Beach	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		05082007 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent DIEUVIL, GUILFORT 1425 NW 192ND TERRACE MIAMI, FL 33169		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	NAME DIEUVIL, GUILFORT	<input type="checkbox"/> Delete	
STREET ADDRESS 1425 NW 192ND TERRACE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33169			
TITLE D	NAME DIEUVILLE, JEAN JUSTE ADVISOR	<input type="checkbox"/> Delete	
STREET ADDRESS 1017 NW 192 TERR	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33168			
TITLE SD	NAME DIEUVIL, MAGDADENE	<input type="checkbox"/> Delete	
STREET ADDRESS 18425 NW 7TH AVE.	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP MIAMI, FL 33169			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
TITLE 	NAME 	<input type="checkbox"/> Delete	
STREET ADDRESS 	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP 			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____		Date 05/01/07 Daytime Phone # 7863445497	