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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000010613

1. Entity Name
SCHOOL OF VISION EDUCATIONAL & VOCATION TRAINING CENTER, INCORPORATION

Principal Place of Business	Mailing Address
3001 EAST HANNA AVE TAMPA, FL 33610	P.O. BOX 15186 TAMPA, FL 33684

08092007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 41-2118840 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JACKSON, STEPHEN M REV. ~~10745 GLEN ELLEN DRIVE~~ ~~TAMPA, FL 33624~~	Name Street Address (P.O. Box Number is Not Acceptable) 3001 EAST Hanna Ave City TAMPA FL Zip Code 33610

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: Stephen N. Jackson 8/14/07
(Signature, typed or printed name of registered agent and title if applicable) (Date) (If changing Registered Agent, signature required when reinstating)

Filing Fee is $61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ $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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, STEPHEN N REV. PO BOX 15186 TAMPA, FL 33684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JACKSON, ELIZABETH A PO BOX 15184 TAMPA, FL 33684 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOLKS, JULIA PO BOX 15186 TAMPA, FL 33684 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARFF, PAUL PO BOX 15186 TAMPA, FL 33684 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Stephanie Jackson 3001 E. Hanna Ave Tampa, Fl 33610 ☐ Delete	TITLE SD / NAME / STREET ADDRESS / CITY-ST-ZIP	Stephanie Jackson 3001 E. Hanna Ave Tampa, Fl. 33610 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE TD / NAME / STREET ADDRESS / CITY-ST-ZIP	Simone Jackson 3001 E. Hanna Ave Tampa, Fl 33610 ☐ Change ☒ Addition

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: Stephen N. Jackson 8/14/07 813-231-2701
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

Rejected in Error!!

JC 9/27