

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007132

FILED  
Apr 03, 2008  
Secretary of State

Entity Name: LIFE VISION 24-7, INC.

## Current Principal Place of Business:

1409 CRESCENT HILLS DRIVE  
TALLAHASSEE, FL 32303 US

## New Principal Place of Business:

8700 NW 38 STREET  
APT 362  
SUNRISE, FL 33351 US

## Current Mailing Address:

P. O. BOX 190213  
FORT LAUDERDALE, FL 33319 US

## New Mailing Address:

FEI Number: 14-1933939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

POOLE, ALGIE B JR.  
1409 CRESCENT HILLS DRIVE  
TALLAHASSEE, FL 32303 US

## Name and Address of New Registered Agent:

POOLE, ALGIE B JR.  
8700 NW 38 STREET  
APT 362  
SUNRISE, FL 33351 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:

04/03/2008

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DR ( ) Delete  
Name: POOLE, ALGIE B JR.  
Address: P. O. BOX 190213  
City-St-Zip: FORT LAUDERDALE, FL 33319 US

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: TREA ( ) Change (X) Addition  
Name: HARDEN, TANIA P  
Address: 824 HONEY CREEK DRIVE  
City-St-Zip: COLUMBUS, OH 43228

Title: SEC ( ) Change (X) Addition  
Name: HARDEN, ELLIOT  
Address: 824 HONEY CREEK DRIVE  
City-St-Zip: COLUMBUS, OH 43228

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALGIE B. POOLE, JR.

PRES

04/03/2008

Electronic Signature of Signing Officer or Director

Date