2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000009901

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Address:

City-St-Zip:

2147 DELTA WAY

HALL, CHANDRA L

BARTOW, FL 3383

MILLER, CAROLYN

TAMPA, FL 33619

5211 85TH ST SOUTH

TALLAHASSEE, FL 32303

1490 BRYANT STREET

(X) Delete

() Delete

Entity Name: ENVISION SUCCESS INCORPORATED

FILED Feb 19, 2008 Secretary of State

Current P	rincipal Place	of Business:	New Princ	New Principal Place of Business:		
19140 WO TAMPA, FI	OD SAGE DR L 33647	VE				
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
19140 WOOD SAGE DRIVE TAMPA, FL 33647				PO BOX 16302 TAMPA, FL 33687 63		
FEI Number: 01-0847054 FEI Number Applied For () FEI		FEI Number Not Appl	Number Not Applicable () Certificate of Status Desired ()			
Name and	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
JONES HA 19140 WO TAMPA, FI	ALL, RUTH AN OD SAGE DR L 33647 US	VE				
The above in the State	named entity s e of Florida.	submits this statement for the pu	rpose of changing i	ts registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
Electronic Signature of Registered Agent			t		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	PCEO () JONES HALL, F P.O. BOX 1630 TAMPA, FL 336	2	Title: Name: Address: City-St-Zip:	PCEO JONES HA P.O. BOX TAMPA, FL		
Title: Name: Address: City-St-Zip:	PCEO () SARGENT, LAR 6703 HARBOR TAMPA, FL 330	VIEW WAY	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VSD () HALL, DEANNA 31418 SHAKER WESLEY CHAR	CIRCLE	Title: Name: Address: City-St-Zip:	VSD HALL, DEA PO BOX 1: DURHAM,	2831	
Title: Name:	D (X) JONES, BRITTI	Delete NEY	Title: Name:		() Change () Addition	

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.

Address:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

City-St-Zip:

PCEO SIGNATURE: RUTH A. HALL 02/19/2008

() Change () Addition

() Change () Addition