

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011886

FILED
Mar 02, 2007
Secretary of State

Entity Name: MARCAS VISION, INC.

Current Principal Place of Business:

3501 W. VINE STREET
SUITE 354
KISSIMMEE, FL 34741

New Principal Place of Business:

3216 OWASSA COURT
INDIAN WELLS, FL 34746

Current Mailing Address:

744 HARLAND CT.
KISSIMMEE, FL 34758

New Mailing Address:

3216 OWASSA COURT
INDIAN WELLS, FL 34746

FEI Number: 20-4250153

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASTRO, MARLEN
744 HARLAND CT.
KISSIMMEE, FL 34758 US

Name and Address of New Registered Agent:

CASTRO, MARLEN L
3216 OWASSA COURT
INDIAN WELLS, FL 34746 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: MARLEN CASTRO

03/02/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: CASTRO, MARLEN
Address: 744 HARLAND CT.
City-St-Zip: KISSIMMEE, FL 34758

Title: TED () Delete
Name: JUAREZ, MILDRED
Address: 2757 EAGLE CANYON DRIVE, SOUTH
City-St-Zip: KISSIMMEE, FL 34746

Title: DS () Delete
Name: LARA, NEDA
Address: 339 CLERMONT DR.
City-St-Zip: KISSIMMEE, FL 34759

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: CASTRO, MARLEN L
Address: 3216 OWASSA COURT
City-St-Zip: INDIAN WELLS, FL 34746

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 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: MARLEN CASTRO

PD

03/02/2007

Electronic Signature of Signing Officer or Director

Date