

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008533

FILED
Apr 10, 2008
Secretary of State

Entity Name: INVISON GLOBAL NETWORK, INC.

Current Principal Place of Business:

5501 31ST STREET, SOUTH
ST. PETERSBURG, FL 33712

New Principal Place of Business:

Current Mailing Address:

5501 31ST STREET, SOUTH
ST. PETERSBURG, FL 33712

New Mailing Address:

FEI Number: 20-5268816

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALMONSON, TIMOTHY J
5501 31ST STREET, SOUTH
ST. PETERSBURG, FL 33712 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALMONSON, TIMOTHY J
Address: 2549 69TH AVE S.
City-St-Zip: ST. PETERSBURG, FL 33712

Title: S () Delete
Name: CREFT, SUSANA
Address: 2097 66TH AVE. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D () Delete
Name: GILLIE, CINDY
Address: 3S036 TIMBER DR.
City-St-Zip: WARRENVILLE, IL 60555

Title: D () Delete
Name: BLAKE, JOHN
Address: 2430 SE TIFFANY
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: BLAKE, PAULA
Address: 2430 SE TIFFANY
City-St-Zip: PORT ST LUCIE, FL 34952

Title: D () Delete
Name: BREMENOUR, MIKE
Address: 332 E. WASHINGTON ST.
City-St-Zip: BARRINGTON, IL 60010

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: LYNNE, COLBERT
Address: 6435 30TH ST. SOUTH
City-St-Zip: ST. PETERSBURG, FL 33712

Title: D (X) Change () Addition
Name: GILLIE, CINDIE M
Address: 3S036 TIMBER DR.
City-St-Zip: WARRENVILLE, IL 60555

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

Title: CFO (X) Change () Addition
Name: BLAKE, PAULA
Address: 2430 SE TIFFANY
City-St-Zip: PORT ST LUCIE, FL 34952

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

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: CINDIE M. GILLIE

D

04/10/2008

Electronic Signature of Signing Officer or Director

Date