2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 05, 2007 8:00 am Secretary of State

DOCUMENT # N06000009456 1. Entity Name ETCH A VISION, INC.								02-05	5-2007	90083 ()15 ***	*61.2	5	
Principal Place of Business 411 MOSSWOOD BLVD. INDIALANTIC, FL 32903 Mailing Address 411 MOSSWOOD BLVD. INDIALANTIC, FL 32903					:			ITII IA E						
Principal Place of Business - No P.O. Box # 3. Mailing Address														
Suite, Apt.	#, etc.	Su	Suite, Apt. #, etc.				02012007	Chg-N	P	CR2E0	37 (12/0	6)		
City & Stat	e	Cil	City & State				4. FEI Numbe 20 -	555°	686	3		Applie Not Ap	d For oplicable	
Zip	Country	Ziş		intry	5. Certificate of Status Desired \$8.75 Addition Fee Required							nal		
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name								
MASON, CAROLYN J. 411 MOSSWOOD BLVD.					Street Address (P.O. Box Number is Not Acceptable)									
INDIALANTIC, FL 32903														
					City					FL Zip Code				
	named entity submits this statitions of registered agent.	ement for the purp	ose of changing its	registere	ed office or reg	jister	ed agent, or both	n, in the S	itate of F	lorida. I am	familiar w	rith, and	accept	
SIGNATURE	SIGNATURE													
· -	Signature, typed or printed name of regist	ered agent and title if app	olicable. (NOTE	E: Registere	d Agent signature re	quired	when reinstating)	1000,000	ean essecia distrib	DATE		ododdowo.		
	Filing Fee Is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution.				\$5.00 May Be Added to Fees	•		Make chec rida Depa					
10.		AND DIRECTORS		11.		f	ADDITIONS/CHA	NGES TO	OFFICI	RS AND D				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MASON, CAROLYN J. 411 MOSSWOOD BLVD. INDIALANTIC, FL 32903		☐ Delete								Chan	ge [] Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FADDEN, CHRIS J. 424 FOURTH AVE. INDIALANTIC, FL 32903		☐ Delete		l l					, ,	□ Chan	ge [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CAPLE, JAMES C. 1194 YACHT CLUB BLVE INDIAN HARBOUR BEAC		□ Delete								☐ Chan	ge [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Chan	ge [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		- 1						☐ Chan	ge [Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete								☐ Chan	ge [Addition	
12. I hereby	certify that the information supplied on this report or supplemental	report is true and	accurate and that n	nv sional	ture shall have	the s	in Chapter 119, same legal effect	as if mad	de under	oath: that I	am an offi	cer or o	nation firector	

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: _

cary fine

2/1/07

321-729-4298

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