2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2009
Secretary of State

DOCUMENT# N06000009456

Entity Name: ETCH A VISION, INC.

Current Principal Place of Business:

411 MOSSWOOD BLVD.
INDIALANTIC, FL 32903

New Principal Place of Business:

Current Mailing Address:

411 MOSSWOOD BLVD.
INDIALANTIC, FL 32903

New Mailing Address:

FEI Number: 20-5556863 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MASON, CAROLYN J.
411 MOSSWOOD BLVD.
INDIALANTIC, FL 32903 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: DP ( ) Delete
Name: MASON, CAROLYN J.
Address: 411 MOSSWOOD BLVD.
City-St-Zip: INDIALANTIC, FL 32903

Title: DST ( ) Delete
Name: FADDEN, CHRIS J.
Address: 424 FOURTH AVE.
City-St-Zip: INDIALANTIC, FL 32903

Title: DV ( ) Delete
Name: CAPLE, JAMES C.
Address: 1194 YACHT CLUB BLVD.
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DS (X) Change ( ) Addition
Name: HAMILTON, KAREN
Address: 341 AVENIDA DEL MAR
City-St-Zip: INDIALANTIC, FL 32903

Title: DV (X) Change ( ) Addition
Name: CARSON, NANCY
Address: 100 CAT CAY LANE
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937

Title: DT ( ) Change (X) Addition
Name: POWELL, GERTRUDE
Address: 435 OCEAN SPRAY AVE.
City-St-Zip: SATELLITE BEACH, FL 32937

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: CAROLYN J MASON DP 04/04/2009

Electronic Signature of Signing Officer or Director — Date