2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 22, 2009
Secretary of State

DOCUMENT# N08000002489

Entity Name: CW VISION, INC.

Current Principal Place of Business:

2920 BAILEY ROAD
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

463646 SR 200, STE. 12
YULEE, FL 32097

Current Mailing Address:

2920 BAILEY ROAD
FERNANDINA BEACH, FL 32034

New Mailing Address:

463646 SR 200, STE. 12
YULEE, FL 32097

FEI Number: 26-2163316 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

POOLE, WESLEY R
303 CENTRE STREET STE 200
FERNANDINA BEACH, FL 32034 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: D ( ) Delete
Name: ALLEN, PHILLIP
Address: 95043 SANDPIPER LOOP
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: BOYD, JEFFREY
Address: 2001 SPRING MEADOWS COURT
City-St-Zip: ST AUGUSTINE, FL 32092

Title: D ( ) Delete
Name: GARTNER, JACK
Address: 939 NORTH MAGNOLIA AVE
City-St-Zip: OCALA, FL 34475

Title: D ( ) Delete
Name: HAMPTON, MATTHEW
Address: 76162 LONGPOND LOOP
City-St-Zip: YULEE, FL 32041

Title: D ( ) Delete
Name: HOLDEN-DODGE, SUSAN
Address: 11 SOUTH 11TH STREET
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: D ( ) Delete
Name: CHAMBERLAIN, JAMES D
Address: 28681 GRANDVIEW MANOR
City-St-Zip: YULEE, FL 32097

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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 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: SHEILA J. THOMPSON MGMR 06/22/2009

Electronic Signature of Signing Officer or Director — Date