2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006227

Name:

Address:

City-St-Zip:

HARRISON, SANDRA J

512 SW BADGER TERRACE

PORT SAINT LUCIE, FL 34953

FILED May 31, 2006 Secretary of State

Entity Name: PROJECT VISION, INC. **Current Principal Place of Business: New Principal Place of Business:** 512 SW BADGER TR PORT SAINT LUCIE, FL 34953 **Current Mailing Address: New Mailing Address:** 512 SW BADGER TR PORT SAINT LUCIE, FL 34953 FEI Number: 65-0796600 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: Name and Address of New Registered Agent: HARRISON, SANDRA J 512 SW BADGER TERRACE PORT SAINT LUCIE, FL 34953 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete SMITH, TARA Name: Name: Address: 512 SW BADGER TERRACE Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: TD (X) Change () Addition FRIEDBERG, MELVIN Name: Name: BARBARO, ANTHONY Address: 512 SW BADGER TERRACE Address: 512 SW BADGER TERRACE City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: PORT SAINT LUCIE, FL 34953 Title: () Delete Title: () Change () Addition BROWN, THOMAS A Name: Name: 512 SW BADGER TERRACE Address: Address: City-St-Zip: PORT SAINT LUCIE, FL 34953 City-St-Zip: Title: () Delete Title: () Change () Addition

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.

Name:

Address:

City-St-Zip:

SIGNATURE: SANDRA HARRISON D 05/31/2006