

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006227

FILED
Apr 10, 2007
Secretary of State

Entity Name: PROJECT VISION, INC.

Current Principal Place of Business:

512 SW BADGER TR
PORT SAINT LUCIE, FL 34953

New Principal Place of Business:

Current Mailing Address:

512 SW BADGER TR
PORT SAINT LUCIE, FL 34953

New Mailing Address:

222 OLIVE TREE CIRCLE
WEST PALM BEACH, FL 33413

FEI Number: 65-0796600

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, SANDRA J
512 SW BADGER TERRACE
PORT SAINT LUCIE, FL 34953 US

Name and Address of New Registered Agent:

HARRISON, SANDRA J
222 OLIVE TREE CIRCLE
WEST PALM BEACH, FL 33413 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:

04/10/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SMITH, TARA
Address: 512 SW BADGER TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: TD () Delete
Name: BARBARO, ANTHONY
Address: 512 SW BADGER TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: BROWN, THOMAS A
Address: 512 SW BADGER TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953

Title: D () Delete
Name: HARRISON, SANDRA J
Address: 512 SW BADGER TERRACE
City-St-Zip: PORT SAINT LUCIE, FL 34953

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: SMITH, TARA
Address: 222 OLIVE TREE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: TD (X) Change () Addition
Name: BARBARO, ANTHONY
Address: 222 OLIVE TREE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D (X) Change () Addition
Name: BROWN, THOMAS A
Address: 222 OLIVE TREE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

Title: D (X) Change () Addition
Name: HARRISON, SANDRA J
Address: 222 OLIVE TREE CIRCLE
City-St-Zip: WEST PALM BEACH, FL 33413

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.

SIGNATURE: SANDRA J. HARRISON

D

04/10/2007

Electronic Signature of Signing Officer or Director

Date