## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P01000027048

Entity Name: REACTIVE VISION, INC.

FILED Jul 27, 2005 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 1252 SINGLETON CIRCLE 92 PINE FOREST PLACE GROVELAND, FL 34736 APOPKA, FL 32712 **Current Mailing Address: New Mailing Address:** 92 PINE FOREST PLACE 1252 SINGLETON CIRCLE GROVELAND, FL 34736 APOPKA, FL 32712 FEI Number: 59-3719411 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: EVERLAND, ROBERT III EVERLAND, ROBERT III 630 RENAISSANCE POINTE 92 PINE FOREST PLACE 201 APOPKA, FL 32712 ALTAMONTE SPRINGS, FL 32714 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: 07/27/2005 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change ( ) Addition Title: ( ) Delete EVERLAND, ROBERT III EVERLAND, ROBERT III Name: Name: 620 RENAISSANCE PT #203 92 PINE FOREST PLACE Address: Address: APOPKA, FL 32712 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 City-St-Zip: Title: Title: () Delete () Change () Addition Name: ESCUDERO, RAFAEL A Name: 871 NONASTONE RUN Address: Address: CASSELBERRY, FL 32707 City-St-Zip: City-St-Zip: Title: Title: (X) Delete () Change () Addition EVERLAND, ROBERT JR Name: Name: 1252 SINGLETON CIR Address: Address: City-St-Zip: GROVELAND, FL 34736 City-St-Zip: Title: (X) Delete Title: () Change () Addition EVERLAND, JIM Name: Name:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

Title:

Name:

Address:

City-St-Zip:

City-St-Zip:

SIGNATURE: ROBERT EVERLAND III P 07/27/2005

620 RENAISSANCE PT #203

EVERLAND, EVELYN M

1252 SINGLETON CIR

GROVELAND, FL 34736

ALTAMONTE SPRINGS, FL 32714

(X) Delete

Address:

Title:

Name:

Address: City-St-Zip:

City-St-Zip:

() Change () Addition