


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 01, 2004 8:00 am**  
**Secretary of State**

07-01-2004 90001 010 \*\*\*150.00

<b>DOCUMENT # P01000044162</b>					
<b>1. Entity Name</b> VISION SPY, INC.					
<b>Principal Place of Business</b> 21559 CYPRESS HAMMOCK DRIVE BOCA RATON, FL 33428			<b>Mailing Address</b> 21559 CYPRESS HAMMOCK DRIVE BOCA RATON, FL 33428		
<b>2. Principal Place of Business</b> <i>21559 Cypress Hammock Dr.</i>			<b>3. Mailing Address</b>		
<b>Suite, Apt. #, etc.</b> <i>474 J</i>			<b>Suite, Apt. #, etc.</b>		
<b>City &amp; State</b> <i>Boca Raton FL</i>			<b>City &amp; State</b>		
<b>Zip</b> <i>33428</i>		<b>Country</b> <i>USA</i>		<b>4. FEI Number</b> 06-1617998	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
<b>6. Name and Address of Current Registered Agent</b> FOX, KEITH 21559 CYPRESS HAMMOCK DRIVE BOCA RATON, FL 33428			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			State <b>FL</b> Zip Code		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b> SIGNATURE <i>Keith Fox</i> <i>Keith Fox</i> <i>7/1/04</i> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)</small>					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> FOX, KEITH		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b> 21559 CYPRESS HAMMOCK DRIVE	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33428		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> FOX, STEVEN		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b> 21559 CYPRESS HAMMOCK DRIVE	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33428		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> D <input type="checkbox"/> Delete	<b>NAME</b> FOX, JEROME		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b> 21559 CYPRESS HAMMOCK DRIVE	<b>CITY-ST-ZIP</b> BOCA RATON, FL 33428		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
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<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>TITLE</b> <input type="checkbox"/> Delete	<b>NAME</b>		<b>TITLE</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>NAME</b>	
<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>		<b>STREET ADDRESS</b>	<b>CITY-ST-ZIP</b>	
<b>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <i>Jerome Fox</i> <i>7/1/04</i> <i>561 2182442</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #</small>					

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