## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P02000054135

Entity Name: TRUE VISIONS, INC

FILED Apr 19, 2005 Secretary of State

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Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
529 COLLI TALLAHAS	NS DR SSEE, FL 323	03			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
529 COLLI TALLAHAS	NS DR SSEE, FL 323	03			
FEI Number:	02-0595974	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
SCOON, C 25 EAST 8 PANAMA (	CECILE M TH ST. CITY, FL 3240	1 US			
	named entity : e of Florida.	submits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			ent	Date	
Election Car	npaign Financin	g Trust Fund Contribution ( ).			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PSTD ( SCOON, VALE 529 COLLINS I TALLAHASSEE	DR .	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VD ( SCOON, CECII 512 BUNKER O PANAMA CITY,	COVE RD.	Title: Name: Address: City-St-Zip:	() Change () Addition	

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.

SIGNATURE: VALERIE G. SCOON P 04/19/2005