## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## Apr 26, 2006 8:00 am Secretary of State 04-26-2006 90194 007 \*\*\*158.75 **DOCUMENT # P02000119118** 1. Entity Name SCRIBEVISION TECHNOLOGIES, INC. 400psono Principal Place of Business Mailing Address 144 CHIPPEWA AVE. 144 CHIPPEWA AVE. **TAMPA. FL 33606 TAMPA. FL 33606** 04242006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 14-1858208 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent WILHITE, ROBERT T DO NOT WRITE 144 CHIPPEWA AVE. TAMPA, FL 33606 IN THIS SPACE 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME WILHITE, ROBERT T STREET ADDRESS 144 CHIPPEWA AVE. CITY-ST-ZIP TAMPA, FL 33606 VPD 3 TITLE HAMMOCK, RODNEY NAME STREET ADDRESS 3109 ROYAL OAKS DR CITY-ST-ZIP PLANO, TX 75074 TITLE YARBROUGH, CRAIG D NAME STREET ADDRESS 4648 BELCLAIRE AVE DO NOT WRITE DALLAS, TX 75209 CITY-ST-ZIP TITLE VPD IN THIS SPACE NAME SHERO, STEPHEN STREET ADORESS 16152 WALNUT CRK SAN ANTONIO, TX 78247 CTTY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 attrachment with an address, with all other like empowered.

NAME STREET ADDRESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY-ST-7IP

**FILED**