2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 20, 2005 08:00 AM Secretary of State **DOCUMENT # P03000052557** 1. Entity Name PHILIVISION, INC. Principal Place of Business -Mailing Address 4127 SW 15 PL CAPE CORAL FL 33914 4127 SW 15 PL CAPE CORAL FL 33914 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State Applied For 4. FEI Number 02-0691844 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR **MIAMI FL 33145** Zip Code 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 tille if applicable (NOTE Registered Agent signature required when (emstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. HILE Change Addition | TITLE DTG Delete SCHWARZ, SASCHA NAME NAME STREET ADDRESS 4127 SW 15 PL STREET ADDRESS CITY-ST-7P CITY-ST-ZIP CAPE CORAL FL 33914 □ Change Addition VSD MILE Delete TITLE SCHWARZ, HILTRUD NAME U00000317823 04/20/05-80033-023 150.00 NAME STREET ADDRESS STREET ADDRESS 4127 SW 15 PL CAPE CORAL FL 33914 CITY-Si-ZIP CITY ST-71P Delete ☐ Change THILE Addition 31717 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change Addition ☐ Delete BBF TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE Delete HISF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST- 7iP CITY - ST - ZIP

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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.

SIGNATURE:

| Company | Compa