

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109183

Entity Name: GLOBAL VISION PARTNERS, INC.

FILED
May 10, 2006
Secretary of State

Current Principal Place of Business:

10324 SLEEPY BROOK WAY
BOCE RATON, FL 33428

New Principal Place of Business:

2200 LAKE IDA ROAD
2 C
DELRAY BEACH, FL 33445

Current Mailing Address:

10324 SLEEPY BROOK WAY
BOCE RATON, FL 33428

New Mailing Address:

4699 N. STATE ROAD 7
T
TAMARAC, FL 33319

FEI Number: 65-1205587

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

OCTAVE, VENES
10324 SLEEPY BROOK WAY
BOCE RATON, FL 33428 US

Name and Address of New Registered Agent:

OCTAVE, VENES
583 NW 47TH AVE
DERAY BEACH, FL, FL 33428 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: VENES OCTAVE

05/10/2006

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:

Title: DP () Delete
Name: OCTAVE, VENES
Address: 10324 SLEEPY BROOK WAY
City-St-Zip: BOCE RATON, FL 33428

Title: DV () Delete
Name: MICHEL, FRISNIQUE
Address: 10324 SLEEPY BROOK WAY
City-St-Zip: BOCE RATON, FL 33428

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: OCTAVE, VENES
Address: 583 NW 47TH AVE
City-St-Zip: DELRAY BEACH, FL 33445

Title: DV (X) Change () Addition
Name: MICHEL, FRISNIQUE
Address: 6147 NW GATUN DRIVE
City-St-Zip: PORT ST LUCIE, FL 34983

Title: SD () Change (X) Addition
Name: OCTAVE, VANIA D
Address: 580 NW 47TH AVENUE
City-St-Zip: DELRAY BEACH, FL 33445

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: VENES OCTAVE

PD

05/10/2006

Electronic Signature of Signing Officer or Director

Date