


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 02, 2004 8:00 am
Secretary of State

09-02-2004 90075 037 ***550.00

DOCUMENT # P03000121253

1. Entity Name
DEVELOPING VISIONS, INC.



Principal Place of Business C/O 4400 N. FEDERAL HIGHWAY SUITE 210-16 BOCA RATON, FL 33431 US	Mailing Address C/O 4400 N. FEDERAL HIGHWAY SUITE 210-16 BOCA RATON, FL 33431 US
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2. Principal Place of Business 7325 Trouble Creek Rd.	3. Mailing Address 7325 Trouble Creek Rd.
Suite, Apt. #, etc. 916	Suite, Apt. #, etc. 916
City & State New Port Richey	City & State New Port Richey
Zip 34653	Country USA

08312004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0408355	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**AKBAS, SUZANNE
 4400 N. FEDERAL HIGHWAY
 210
 BOCA RATON, FL 33431**

7. Name and Address of New Registered Agent

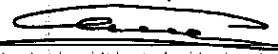
Name **IHSAN ERDEN**

Street Address (P.O. Box Number is Not Acceptable)
7325 Trouble Creek Rd.

Apt. 916

City **New Port Richey** FL Zip Code **34653**

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  DATE **08-31-2004**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ERDEN, IHSAN C/O 4400 N. FEDERAL HIGHWAY #210-16 BOCA RATON, FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	P ERDEN, IHSAN 7325 Trouble Creek Rd. Apt. 916 New Port Richey, FL 34653 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  DATE **08-31-2004** DAYTIME PHONE # **727 376 4575**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR