

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.
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08312004 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc. 916	Suite, Apt. #, etc. 916
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City & State New Port Richey	City & State New Port Richey
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4. FEI Number 20-0408355	Applied For Not Applicable
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Zip 34653	Country USA	Zip 34653	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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: [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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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"/> Change <input type="checkbox"/> Addition
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"/> 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: [Signature] DATE: 08-31-2004 727 376 4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR