2006 FOR PROFIT CORPORATION

FILED Apr 17, 2006 8:00 am Secretary of State 03-15-2006 90098 005 ***150.00

DOCUMENT # P05000124289 1. Entity Name LINEAR VISION, INC.											
Principal Place of Business				Mailing Address				66010319			
P O BOX 18 CANDLER, FL 32111			ı	P O BOX 18 CANDLER, FL 32111					0002		
2. Principal Place of Business				3. Mailing Address				M 81791 6357 6719 9918			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			01182006	Chg-P	CR2E0	34 (11/05)	
City & State			- 1	City & State		4. FEI Numb	7-346	7678	<i>"</i> ⊢	polied For ot Applicable	
Zip	Country			Zip Coun		ntry	5. Certificat	e of Status Desired	, <u>, , , , , , , , , , , , , , , , , , </u>	\$8.75 Ad	ditional
	6. Name and Address of Current F			stared Agent		7. Name an	d Address of New	Registered	Fee Require	sd .	
						Name					
PITTS, AMY LYNNE 13110 NE 7TH LOOP						Straet Address (P.O. Box Number is Not Acceptable)					
SILVER SPRINGS, FL 34488						<u> </u>	·				· <u>-</u> -
					City	• .			Zip Coo		
8 The above	named entity	eubmite this statemen	t for the	ourness of changing Ite	topistos	, ,	ternel annut as h	-ah (- th - Ct-44	FL	·	
 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, hyped or priviled name of registered agent and title if applicable. (NOTE: Registered Agent alignature required whon reinstating) DATE											
FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be 20 Trust Fund Contribution. 1. Added to Fees											
10.	,	OFFICERS A	VD DIRE	CTORS -	11.		- ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
TITLE NAME	PD PITTS, AMY LYNNE			Delete 11tt.		-				☐ Change	☐ Addition
STREET ADDRESS					ET ADORESS						
CITY-ST-ZIP	SILVER SPRINGS, FL 34488				-ST-ZIP						
TITLE NAME	Button Button				tire					☐ Change	Addition
STREET ADDRESS	13110 NE 7TH LOOP				NAM STRE	ET ADDRESS					
CITY-ST-ZIP					CITY	-ST-ZIP					
TITLE NAME	STD Delete 1117. BEYER, REGINA LYNNE NAM					- I				Change	☐ Addition
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CITY-ST-ZIP	CANDLER, FL 32111 cm					·\$1-ZP					
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TITLE				☐ Detete	TITLE					Change	Addition
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CITY-SI_ZIP						-SI-ZIP	<u> </u>	<u> </u>		<u></u>	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statules. 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 allachment with an address, with all other like empowered.											
SIGNATURE 1 Annue John Any Lynne Pits - 1/18/06 352-816-2814											