

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000051108

FILED
Apr 24, 2007
Secretary of State

Entity Name: HEALTHY VISION CORPORATION

Current Principal Place of Business:

2196 MAIN ST
SUITE F
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1595 PRESERVE WAY
CLEARWATER, FL 33764

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWERS, JAMES
1595 PRESERVE WAY
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: POWERS, JAMES
Address: 1595 PRESERVE WAY
City-St-Zip: CLEARWATER, FL 33764

Title: VP () Delete
Name: HABIB, PETER
Address: 2196 MAIN ST SUITE F
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAMES POWERS

P

04/24/2007

Electronic Signature of Signing Officer or Director

Date