

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000065182

Entity Name: INVISON SOLUTIONS, INC.

FILED  
Apr 30, 2007  
Secretary of State

## Current Principal Place of Business:

P.O. BOX 542584  
MERITT ISLAND, FL 329542584

## New Principal Place of Business:

579 CAMPUS STREET  
CELEBRATION, FL 34747 US

## Current Mailing Address:

P.O. BOX 542584  
MERITT ISLAND, FL 329542584

## New Mailing Address:

P.O. BOX 542584  
MERITT ISLAND, FL 329542584 US

FEI Number: 11-3780322

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SHAW, THOMAS C  
430 N MILLS AVENUE  
ORLANDO, FL 32803 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: D ( ) Delete  
Name: CAPPS, THOMAS R  
Address: 579 CAMPUS STREET  
City-St-Zip: CELEBRATION, FL 34747

Title: D ( ) Delete  
Name: HENRY, JR., JAMES N  
Address: 3145-D HERON LAKE DRIVE  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition  
Name: CAPPS, THOMAS R  
Address: 579 CAMPUS STREET  
City-St-Zip: CELEBRATION, FL 34747 US

Title: VP (X) Change ( ) Addition  
Name: CAPPS, PAMELA J  
Address: 579 CAMPUS STREET  
City-St-Zip: CELEBRATION, FL 34747 US

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS CAPPS

DPST

04/30/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date