2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P06000065182

Entity Name: INVISION SOLUTIONS, INC.

Current Principal Place of Business:

579 CAMPUS STREET
CELEBRATION, FL 34747 US

New Principal Place of Business:

816 MYSTIC DR.
STE. 306
CAPE CANAVERAL, FL 32920 US

Current Mailing Address:

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

New Mailing Address:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change ( ) Addition
Name: CAPPS, THOMAS R
Address: 816 MYSTIC DR., STE. 306
City-St-Zip: CAPE CANAVERAL, FL 32920 US

Title: VP (X) Change ( ) Addition
Name: CAPPS, PAMELA J
Address: 816 MYSTIC DR., STE. 306
City-St-Zip: CAPE CANAVERAL, FL 32920 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 R. CAPPS DPST 04/27/2009

Electronic Signature of Signing Officer or Director Date