2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000145019

FILED Apr 28, 2008 Secretary of State

Entity Name: REMOTE VISIONS-FLORIDA, INC.						
Current Principal Place of Business:			New Principal Place of Business:			
1912 GRAN SAN RAFA	ID AVE EL, CA 94901	US				
Current Mailing Address:			New Mailing Address:			
1912 GRAND AVE SAN RAFAEL, CA 94901 US		US				
FEI Number:		FEI Number Applied For ()	FEI Number Not Applicable (X)		Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:			
123 GOVEF 101	FILINGS, INCC RNOR'S SQUAF SEE, FL 32301	RE BLVD				
The above in the State		bmits this statement for the pu	irpose of changing it	s registere	d office or registered agent, or both,	
SIGNATUR	E:					
	Electronic	Signature of Registered Ager	nt		Date	
Election Cam	paign Financing 1	rust Fund Contribution (X).				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () D MONTGOMERY, 1912 GRAND AVE SAN RAFAEL, CA	THOMAS III E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	V () D MONTGOMERY, 1912 GRAND AVE SAN RAFAEL, CA	THOMAS E	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	D () D MONTGOMERY, 1912 GRAND AVE SAN RAFAEL, CA	THOMAS E	Title: Name: Address: City-St-Zip:	1912 GRAN	(X) Change () Addition ERY, THOMAS ID AVE EL, CA 94901	
Title: Name: Address: City-St-Zip:	S () D BEAUVAIS, CHER 1912 GRAND AVE SAN RAFAEL, CA	YL E.	Title: Name: Address: City-St-Zip:	1912 GRAN	(X) Change () Addition ERY, THOMAS D AVE EL, CA 94901	
Title:	T ()D	elete	Title:	D	(X) Change () Addition	

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.

Name:

Address:

City-St-Zip:

SIGNATURE: THOMAS E MONTGOMERY III P 04/28/2008

BEAUVAIS, CHERYL

SAN RAFAEL, CA 94901

1912 GRAND AVE.

Name:

Address:

City-St-Zip:

MONTGOMERY, THOMAS

SAN RAFAEL, CA 94901

1912 GRAND AVE