2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2008 8:00 am
Secretary of State
02-28-2008 90020 027 ***163.75

DOCUMENT # P06000153502

1. Entity Name
U.S. VISION CORPORATION

Principal Place of Business	Mailing Address
4901 NW 17TH WAY, STE. 406 FT. LAUDERDALE FL 33309	4901 NW 17TH WAY, STE. 406 FT. LAUDERDALE FL 33309

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
MCNAB EXECUTIVE PLAZA	SAME
Suite, Apt. #, etc.: 1000 WEST MCNAB ROAD Ste 159	Suite, Apt. #, etc.: SAME
City & State: POMPANO BEACH, FL	City & State: SAME
Zip: 33069 Country: W.P.B	Zip: SAME Country:

1st MOORE CR2E034 (10/07)

4. FEI Number 20-5495957 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
OZEV, IHSAN 4901 NW 17TH WAY, STE. 406 FT. LAUDERDALE FL 33309	Name: IHSAN OZEV Street Address (P.O. Box Number is Not Acceptable): 1000 W. McNab Road Suite 159 Pompano Beach City: FL Zip Code: 33069

8. 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] 02/14/08
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☑ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PSTD ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	OZEV, IHSAN	NAME	
STREET ADDRESS	4901 NW 17TH WAY, STE. 406	STREET ADDRESS	MCNAB EXECUTIVE PLAZA 1000 WEST MCNAB ROAD SUITE 159
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	V ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	OZEV, IHSAN	NAME	
STREET ADDRESS	4901 NW 17TH WAY, STE. 406	STREET ADDRESS	MCNAB EXECUTIVE PLAZA 1000 WEST MCNAB ROAD SUITE 159
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. 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 attachment with an address, with all other like empowered.

SIGNATURE: ⊗ [signature] 02/14/08 754-235-4568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #