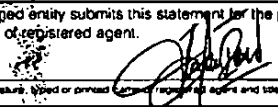


FILED
May 30, 2008 8:00 am
Secretary of State

05-01-2008 90199 045 ***150.00

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P07000025848			
1. Entity Name ADVISION NETWORK, INC			
Principal Place of Business 18202 GULF BLVD REDINGTON SHORES, FL 33708 US		Mailing Address 18202 GULF BLVD REDINGTON SHORES, FL 33708 US	
2. Principal Place of Business - No P.O. Box # 824 Brenton Leaf Dr		3. Mailing Address 824 Brenton Leaf Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Ruskin, FL		City & State Ruskin, FL	
Zip 33570		Country USA	
4282008		Chg-P CR2E034 (12/06)	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired		☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REGALADO, LUIS J 18202 GULF BLVD REDINGTON SHORES, FL 33708		7. Name and Address of New Registered Agent Name: LUIS Regalado Street Address (P.O. Box Number is Not Acceptable) 824 Brenton Leaf Dr City: Ruskin FL Zip Code: 33570	
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:  DATE: 04/28/08 Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing.)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
P REGALADO, LUIS J 18202 GULF BLVD REDINGTON SHORES, FL 33708		☐ Change ☐ Addition	
VP Gerardo Ribas 824 Brenton Leaf Dr Ruskin, FL, 33570		☐ Change ☐ Addition	
VP Robert Isaacs 824 Brenton Leaf Dr Ruskin, FL, 33570		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
☐ Delete		☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 		04/28/08 727-366-8760	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	