

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000005755

FILED
Apr 24, 2009
Secretary of State

Entity Name: MVISION GROUP CORP.

Current Principal Place of Business:

20533 BISCAYNE BLVD., #4, SUITE 431
AVENTURA, FL 33180 US

New Principal Place of Business:

Current Mailing Address:

20533 BISCAYNE BLVD., #4, SUITE 431
AVENTURA, FL 33180 US

New Mailing Address:

FEI Number: 45-0585827 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KENOL, RALPH
2120 TYLER STREET
HOLLYWOOD, FL 33020 US

Name and Address of New Registered Agent:

KENOL, RALPH
2028 HARRISON STREET SUITE 201-2
HOLLYWOOD, FL 33020 US

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: RALPH KENOL

04/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MAPP, LESTER
Address: 1711 WHITEHALL DRIVE SUITE #203
City-St-Zip: DAVIE, FL 33324 US

Title: SEC () Delete
Name: MAPP, LESTER
Address: 1711 WHITEHALL DRIVE SUITE #203
City-St-Zip: DAVIE, FL 33324 US

Title: TREA (X) Delete
Name: MAPP, LESTER
Address: 1711 WHITEHALL DRIVE SUITE #203
City-St-Zip: DAVIE, FL 33324 US

Title: D () Delete
Name: PRUDENT, TEON
Address: 20533 BISCAYNE BLVD, #4 SUITE 431
City-St-Zip: AVENTURA, FL 33180

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MAPP, LESTER
Address: 20533 BISCAYNE BLVD. SUITE 431
City-St-Zip: AVENTURA, FL 33180 US

Title: SEC (X) Change () Addition
Name: MAPP, LESTER
Address: 20533 BISCAYNE BLVD. SUITE 431
City-St-Zip: AVENTURA, FL 33180 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LESTER MAPP

P

04/24/2009

Electronic Signature of Signing Officer or Director

Date