




# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 25, 2007 8:00 am**  
**Secretary of State**

04-25-2007 90172 027 \*\*\*150.00

<b>DOCUMENT # P93000000848</b> 1. Entity Name <b>ADVISION ENTERPRISES, INC.</b>																	
Principal Place of Business <b>505 S FLAGLER DR SUITE 1325 WEST PALM BEACH, FL 33401 US</b>			Mailing Address <b>505 S FLAGLER DR SUITE 1325 WEST PALM BEACH, FL 33401 US</b>														
2. Principal Place of Business - No P.O. Box #  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.															
City & State  Zip      Country		City & State  Zip      Country		02202007      Chg-P      CR2E034 (12/06)													
4. FEI Number <b>65-0393053</b>				Applied For <input type="checkbox"/> Not Applicable													
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent  <b>EISSEY, E M 505 S FLAGLER DR SUITE 1325 WEST PALM BEACH, FL 33401</b>													
7. Name and Address of New Registered Agent Name: <b>Eissey, Jr., E. Michael</b> Street Address (P.O. Box Number is Not Acceptable): <b>505 South Flagler Drive</b> Suite: <b>1325</b> City: <b>West Palm Beach</b> FL      Zip Code: <b>33401</b>				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>																	
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P EISSEY, E MICHAEL J</td> <td style="width:10%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>660 LAKESIDE DRIVE</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH PALM BEACH, FL 33408</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P EISSEY, E MICHAEL J	<input type="checkbox"/> Delete	NAME	660 LAKESIDE DRIVE		STREET ADDRESS	NORTH PALM BEACH, FL 33408		CITY-ST-ZIP		
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">P Eissey, Jr., E. Michael</td> <td style="width:10%; text-align: right;"><input checked="" type="checkbox"/> Change    <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>660 Lakeside Drive</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>North Palm Beach, FL 33408</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	P Eissey, Jr., E. Michael	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	660 Lakeside Drive		STREET ADDRESS	North Palm Beach, FL 33408		CITY-ST-ZIP			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.			
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CITY-ST-ZIP																	
SIGNATURE: 		4-18-07      561-655-5337		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #													