

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000066326

Entity Name: EDUCA VISION INC.

**FILED**  
**Mar 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

7550 NW 47TH AVE  
COCONUT CREEK, FL 33073 US

**New Principal Place of Business:**

**Current Mailing Address:**

7550 NW 47TH AVE  
COCONUT CREEK, FL 33073 US

**New Mailing Address:**

FEI Number: 59-3269650

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

VILSAINT, FEQUIERE  
7550 NW 47TH AVE  
COCONUT CREEK, FL 33073 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: VILSAINT, FEQUIERE  
Address: 7550 NW 47TH AVE  
City-St-Zip: COCONUT CREEK, FL

Title: VP  
Name: HEURTELOU, MAUDE  
Address: 7550 NW 47 AVE  
City-St-Zip: COCONUT CREEK, FL 33073

I hereby 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 all other like empowered.

SIGNATURE: MAUDE HEURTELOU

VP

03/15/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date