2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P95000028040

1. Entity Name
SOUNDVISION SYSTEMS INC.

Principal Place of Business	Mailing Address
2141 UNIVERSITY DR. PMB 173 POMPANO BEACH, FL 33071 US	2141 UNIVERSITY DR. PMB 173 POMPANO BEACH, FL 33071 US

DO NOT WRITE IN THIS SPACE

01312005   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0580044		Not Applicable

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

6. Name and Address of Current Registered Agent

ADAMS, RONALD D
9833 N W 19TH ST
CORAL SPRINGS, FL 33071

DO NOT WRITE
IN THIS SPACE

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]_ RONALD D ADAMS   2/4/05

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, 2005 Fee will be $550.00

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

    000000218551
    02/07/05-80069-013 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	ADAMS, RONALD D
STREET ADDRESS	9833 NW 19TH ST
CITY-ST-ZIP	CORAL SPRINGS, FL 330715816

TITLE	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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]_   Ronald D. Adams   2/4/05   954-752-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #