2008 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 11, 2008 08:00 AN Secretary of State

ANNUAL REPORT			rep 11, 2008 08:00
DOCUMENT # P95000028040			Secretary of Sta
.1. Entity Name . SOUNDVISION SYSTEMS INC.			1
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Principal Plac	te of Business Mailing Address		10. 00 en
	H UNIVERSITY DR 4613 NORTH UNIVERSITY DR		97 - 97 42
SUITE 505 SUITE 505 SUITE 505 CORAL SPRINGS, FL 33067 US CORAL SPRINGS, FL 33067		US	The same are an are seen as a second to the same and a second to the sec
CURAL SPRII	103, FL 33007 US CORAL SERINGS, FL 33007		
	AC NOT WOITE IN THIS ODA	^_ ;	02042008 No Chg-P CR2E034 (11/05)
DO NOT WRITE IN THIS SPACE		UE	4. FEI Number Applied For 65-0580044 Not Applicable
	The second of the second of the second	***	5. Certificate of Status Desired S8.75 Additional Fee Required
	6. Name and Address of Current Registered Agent]	rea nequied
ADAMS, RONALD D			,
9833 N W	19TH ST		DO NOT WRITE
CORAL SPRINGS, FL 33071			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.			the second of th
SIGNATURE Signature, typed or printed name of registered agent and title of applicable (NOTE: Registered Agent aignature required when reinstating) DATE			
FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing - \$5.00 May Be After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution.			
TITLE	P OFFICERS AND DIRECTORS	-	
NAME	ADAMS, RONALD D		
STREET ADDRESS CITY-ST-ZIP	9833 NW 19TH ST CORAL SPRINGS, FL 330715816	, , , , , , ,	de la company de
TITLE	CONAL OF NINGO, FL. 3307 13010	1	" 40000000000
NAME		. j.,	000000822009 02/19/08-80050-004 150.00
STREET ADDRESS CITY - ST - ZIP		, , ,	
TITLE		1	
NAME STREET ADDRESS		, ;	DO NOT MIDITE
CITY - ST - ZIP			DO NOT WRITE
TITLE		***	IN THIS SPACE
NAME Street Address			The state of the s
CITY-SI-ZIP		- 'sa	the state of the s
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NAME		The Report of	30
STREET ADDRESS CITY-ST-ZIP			A STATE OF THE STA
12 I berebu	Lecrify that the information supplied with this filing does not qualify for the ex	emptions containe	d in Chapter 119, Florida Statutes. I further certify that the information
indicated on this report or supplemental eports frue 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 of changed, or on an attachment with any address with all other like empowered.			
		-	ハ ター・オープレー・フィアロン