2008 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 23, 2008 08:00 AN Secretary of State DOCUMENT # P95000058568 1. Entity Name MAGNA VISION, INC. Principal Place of Business Mailing Address 326 TROON COURT C/O TECHNOLOGY GENERAL CORP. NEW SMYRNA BEACH, FL 32170 12 CORK HILL ROAD FRANKLIN, NJ 07416 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3336392 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FLETCHER, CHARLES J DO NOT WRITE 326 TROON COURT NEW SMYRNA BEACH, FL 32170 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE FLETCHER, CHARLES J NAME STREET ADDRESS 326 TROON CT. U00000792318 CITY-ST-ZIP NEW SMYRNA BEACH, FL :01/24/08-80002-025 150.00 TITLE FLETCHER, HELEN S NAME 15 SEMINOLE CT STREET ADDRESS CITY-ST-ZIP NEWTON, NJ 07860 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE

12. I hereby certify that the information supplied with this filling 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 an other like empowered.

SIGNATURE: \

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED