
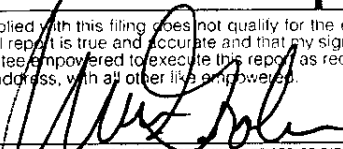


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2008 8:00 am**  
**Secretary of State**

02-15-2008 90005 033 \*\*\*150.00

<b>DOCUMENT # P95000060695</b> 1. Entity Name <b>ULTRA VISION S.E., INC.</b>					
Principal Place of Business <b>3723 E. HILLSBOROUGH AVE TAMPA, FL 33610</b>			Mailing Address <b>P.O. BOX 11906 TAMPA, FL 33680</b>		
2. Principal Place of Business - No P.O. Box # <b>3723 E. Hillsborough Ave</b>		3. Mailing Address <b>P.O. Box 11906</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>TAMPA FL</b>		City & State <b>TAMPA FL</b>		4. FEI Number <b>59-3346452</b>	
Zip <b>33610</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>33610</b>		Country <b>USA</b>		6. Name and Address of Current Registered Agent <b>HALL, W. CRAIG 4830 W. KENNEDY BLVD., SUITE 750 TAMPA, FL 33609</b>	
7. Name and Address of New Registered Agent Name <b>HALL, W. CRAIG</b> Street Address (P.O. Box Number is Not Acceptable) <b>4830 W. Kennedy Blvd, Suite 575</b> City <b>TAMPA</b> State <b>FL</b> Zip Code <b>33609</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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HORN, JOSHUA G 605 S. DELAWARE DRIVE TAMPA, FL 33606		TITLE NAME STREET ADDRESS CITY - ST - ZIP	D GRABLE, WILLIAM D 3723 E. HILLSBOROUGH AVE TAMPA FL 33610	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GRABLE, WILLIAM D 3723 E HILLSBOROUGH AVE TAMPA, FL 33610		TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP			TITLE NAME STREET ADDRESS 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.					
<b>SIGNATURE:</b>  <b>william Grable</b> 2-12-08 813-478-7353					