


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90009 007 ***150.00

DOCUMENT # P96000032334

1. Entity Name
HYPNOVISION, INC.



Principal Place of Business
**15151 SW 112TH TERRACE
 MIAMI FL 33196**

Mailing Address
**943 CHANTICLEER
 CHERRY HILL NJ 08003**

2. Principal Place of Business
1800 NE 114TH STREET

Suite, Apt. #, etc.
APT 2310

3. Mailing Address
943 CHANTICLEER

Suite, Apt. #, etc.



MOORE CR2E034 (4/04)

City & State
N. MIAMI FL

City & State
CHERRY HILL NJ

Zip
33181

Country

Zip
08003

Country

4. FEI Number
65-0669214

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**KAPLAN, KENNETH
 15151 SW 112TH TERRACE
 MIAMI FL 33196**

7. Name and Address of New Registered Agent

Name
KAPLAN, KENNETH

Street Address (P.O. Box Number is Not Acceptable)
1800 NE 114TH ST. APT 2310

City
N. MIAMI, FL

Zip Code
33181

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 *Kenneth Kople* DATE **7/31/04**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$550.00
DUE BY September 8, 2004
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00 late fee. By checking this box, the corporation certifies it did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PST	KAPLAN, KENNETH	15151 S.W. 112TH TERRACE	MIAMI FL 33196	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
PST	KAPLAN, KENNETH	1800 N.E. 114TH ST. APT 2310	N. MIAMI FL 33181	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Kenneth Kople* DATE: **7/31/04** DAYTIME PHONE #: **856-381-3933**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR