

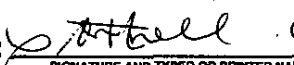


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 91017 029 ***150.00

DOCUMENT # P96000048145 1. Entity Name TEK VISION, INC.					
Principal Place of Business 8233 GATOR LANE SUITE 4 WEST PALM BEACH, FL 33411			Mailing Address PO BOX 5358 LAKE WORTH, FL 33466-5358 US		
2. Principal Place of Business 2270 Ridgewood Cirde Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Royal Palm Beach, Fla Zip 33411		City & State Zip		4. FEI Number 65-0679120	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CASH, ORTHNELL 8233 GATOR LANE, STE 4 WEST PALM BEACH, FL 33411			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 2270 RIDGEWOOD CIRCLE City ROYAL PALM BEACH FL Zip Code		
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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD CASH, ORTHNELL 2270 RIDGEWOOD CIR. ROYAL PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST CASH, ORTHNELL 2270 RIDGEWOOD CIR. ROYAL PALM BEACH, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	
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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:  28 Apr 2004 561 490-4164 O. CASH, President Date Daytime Phone #					