

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**DOCUMENT # P96000068351**

1. Entity Name  
**SMART VISION PRODUCTS, INC.**



**FILED**  
**Jul 14, 2008 08:00 AM**  
**Secretary of State**

Principal Place of Business  
**775 HAWSER STREET NE  
PALM BAY, FL 32907**

Mailing Address  
**775 HAWSER STREET NE  
PALM BAY, FL 32907**



07102008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0687298</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**TEGGE, EDWARD H JR  
775 HAWSER STREET NE  
PALM BAY, FL 32907**

**DO NOT WRITE  
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.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 12, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/T TEGGE, EDWARD H JR 775 HAWSER STREET NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/S TEGGE, SANDRA D 775 HAWSER STREET NE PALM BAY, FL 32907
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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07/14/08-80009-024 150.00

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Sandra Tegge*  
**Sandra Tegge**

*7/10/08*  
Date

*321-446-8143*  
Daytime Phone #