2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000005583

1. Entity Name CRVISION, INC.



Principal Place of Business

7691 SPRINGFIELD LAKE DRIVE LAKE WORTH, FL 33467

Mailing Address

7691 SPRINGFIELD LAKE DRIVE LAKE WORTH, FL 33467

FILED May 03, 2007 08:00 AM Secretary of State



CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number	Applied For
65-0719493	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional

6. Name and Address of Current Registered Agent

DELVAUX, MARK 7691 SPRINGFIELD LAKE DRIVE LAKE WORTH, FL 33467

DO NOT WRITE IN THIS SPACE

No Chg-P

04302007

	named entity submits this statement for the pions of registered agent.	urpose of changing its registe	ered office or r	egistered agent, or bo	oth, in the State of Florida. I am familiar with, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees						
10.	OFFICERS AND DIREC	CTORS			 	
TITLE NAME STREET ADDRESS CITY-SI-ZIP	PSTD DELVAUX, MARK B 7691 SPRINGFIELD LAKE DRIVE LAKE WORTH, FL 33467		,			
TITLE NAME STREET ADDRESS CITY - ST-ZIP		"			U00000759194 05/24/07-80032-011 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADORESS CITY-ST-ZIP			,			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions epintained 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 bave the same legal effect as if made under oath; that I am an officer or director						

12. Thereby certify that the information supplied with this filling does not qualify for the exemptions sphaled in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is supplemental report is true and accurate and that my signature shall fave the same legal effect as if made under cell; 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

IRECTOR

PRSO

4/30/67 S6/-3/2\12