


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P98000083359 1. Entity Name EVOLUTIONARY VISION TECHNOLOGY, INC.	
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Principal Place of Business 31722 STATE ROAD 5 SAN ANTONIO, FL 33576	Mailing Address 31722 STATE ROAD 5 SAN ANTONIO, FL 33576
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DO NOT WRITE IN THIS SPACE



05112004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3557285	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent TINGLEY, MARGIE A 31722 STATE RD 52 SAN ANTONIO, FL 33576
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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 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TINGLEY, MARGIE A 31722 STATE ROAD 52 SAN ANTONIO, FL 33576
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD TINGLEY, WILLIAM M 31722 STATE RD 52 SAN ANTONIO, FL 33576
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05/20/04-80005-005 150.00

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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: Margie A. Tingley 04/14/05 352-588-2250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #