2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000052830

1. Entity Name WORLD VISION CENTERS II INC.



FILED Mar 28, 2007 08:00 A Secretary of State

CR2E034 (11/05)

Principal Place of Business

4927 SHERIDAN ST. HOLLYWOOD, FL 33021 Mailing Address

8828 STATE RD 84 **DAVIE, FL 33324**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Applied For 4. FEI Number 65-0927369 Not Applicable

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

No Chg-P

01032007

HARRIS, RUSK

8828 STATE RD 84 **DAVIE, FL 33324**

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| the obligations of registered agent. | | | | | | |
|---|--|--------------------------------------|----------------------------|--------------------------------|-----|------|
| SIGNATURE Signature, typed or print | ted name of registered agent and title i | applicable (NOTE, F | Registered Agent signature | required when reinstating) | | DATE |
| FILE NOWIII FEI After May 1, 2007 Fe | | Election Campaigr Trust Fund Contrib | | \$5.00 May Be Added to Fees | | |
| 10. | OFFICERS AND DIRECTORS | | | • | , . | |

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

TITLE HARRIS, RUSK NAME 8828 STATE RD 84 STREET ADDRESS CITY-ST-ZIP **DAVIE, FL 33324** TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

U000000681554 04/04/07-80047-013 150.00

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Date

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 attachpent with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #