

1.) CORPORATION NAME:

Encore Vision, Inc.

DUE DATE: **7/31/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**EVELYN G BLAKE
5241 VALLEYPARK DR
ROANOKE, VA**

SCC ID NO: **F1714551**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

ROANOKE COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 1120 SOUTH FREEWAY
STE 118

CITY/ST/ZIP: FORT WORTH, TX 76104-5064

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	WILLIAM BURNS	
TITLE:	PRES/CEO	
ADDRESS:	8024 BRIDGE ST	
CITY/ST/ZIP/CO:	NORTH RICHLAND HILLS, TX 76180	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	EVELYN BLAKE	
TITLE:	SECRETARY	
ADDRESS:	5241 VALLEYPARK DR	
CITY/ST/ZIP/CO:	ROANOKE, VA 24019	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RONALD D BLUM	
TITLE:	DIRECTOR	
ADDRESS:	5241 VALLEYPARK DR	
CITY/ST/ZIP/CO:	ROANOKE, VA 24019	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	DR JOHN HUNKELER	
TITLE:	DIRECTOR	
ADDRESS:	5241 VALLEYPARK DR	
CITY/ST/ZIP/CO:	ROANOKE, VA 24019	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ROBERT WILLARD	
TITLE:	DIRECTOR	
ADDRESS:	5241 VALLEYPARK DR	
CITY/ST/ZIP/CO:	ROANOKE, VA 24019	

	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	Adrienne Graves	
TITLE:	DIRECTOR	
ADDRESS:	5241 Valleypark Drive	
CITY/ST/ZIP/CO:	Roanoke, VA 24019	

NAME: Richard Lindstrom TITLE: DIRECTOR ADDRESS: 5241 Valleypark Drive CITY/ST/ZIP/CO: Roanoke, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Peter E. Bennett TITLE: DIRECTOR ADDRESS: 5241 Valleypark Drive CITY/ST/ZIP/CO: Roanoke, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: William Stewart TITLE: DIRECTOR ADDRESS: 5241 Valleypark Drive CITY/ST/ZIP/CO: Roanoke, VA 24019	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.		
/s/ EVELYN BLAKE	EVELYN BLAKE, SECRETARY	8/20/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.		