

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 612789

Entity Name: VISTA BELLA, INC.

FILED
Mar 12, 2006
Secretary of State

Current Principal Place of Business:

BOX 540308
MERRITT ISL, FL 32954

New Principal Place of Business:

Current Mailing Address:

BOX 540308
MERRITT ISL, FL 32954

New Mailing Address:

FEI Number: 59-1888224

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARCANT, KEVIN CHARLES
233 ANTIGUA DR
COCOA BCH, FL 32931 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D (X) Delete
Name: JACKSON, CATHRYN M
Address: 980 PEELE DR
City-St-Zip: AKRON, OH 44333

Title: PD () Delete
Name: BARCANT, KEVIN C,
Address: 233 ANTIGUA DR
City-St-Zip: COCOA BEACH, FL 32931

Title: TD () Delete
Name: SIMON, KAREN M
Address: 6116 QUEBEC PLACE
City-St-Zip: BERWYN HEIGHTS, MD 20740

Title: D (X) Delete
Name: KOUAGGS, HEIDI M
Address: 233 ANTIGUA DR
City-St-Zip: COCOA BCH, FL 32931

Title: VD () Delete
Name: BARCANT, RICHARD K,
Address: 304 OAK STREET
City-St-Zip: MELBOURNE BCH, FL 32957

Title: SD () Delete
Name: BARCANT, MAREN,
Address: 233 ANTIGUA DR
City-St-Zip: COCOA BCH, FL 32931

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: BARCANT, KEVIN C,
Address: 233 ANTIGUA DR
City-St-Zip: COCOA BEACH, FL 32931

Title: TD (X) Change () Addition
Name: SIMON, KAREN M
Address: 6116 QUEBEC PLACE
City-St-Zip: BERWYN HEIGHTS, MD 20740

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: BARCANT, RICHARD K,
Address: 304 OAK STREET
City-St-Zip: MELBOURNE BCH, FL 32951

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEVIN C BARCANT

PD

03/12/2006

Electronic Signature of Signing Officer or Director

_____ Date