

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004221

FILED
Jan 17, 2006
Secretary of State

Entity Name: VISION USA NFP. CORPORATION

Current Principal Place of Business:

2002 S. ARLINGTON HEIGHTS ROAD
ARLINGTON HEIGHTS, IL 60005

New Principal Place of Business:

Current Mailing Address:

2764 KISSIMMEE BAY CIRCLE
KISSIMMEE, FL 34744

New Mailing Address:

FEI Number: 11-3729455

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOHNSON, STEVE
2764 KISSIMMEE BAY CIRCLE
KISSIMMEE, FL 34744 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

OFFICERS AND DIRECTORS:

Title: ED () Delete
Name: JOHNSON, STEPHEN
Address: 2764 KISSIMMEE BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: S () Delete
Name: JOHNSON, LYNNE
Address: 2764 KISSIMMEE BAY CIRCLE
City-St-Zip: KISSIMMEE, FL 34744

Title: T () Delete
Name: SCHAEFERS, MICHAEL
Address: 1701 BERNHEIM ST.
City-St-Zip: OSHKOSH, WI 54904

Title: C () Delete
Name: WEISS, AL
Address: 1505 SUNSET POINTE PLACE
City-St-Zip: KISSIMMEE, FL 34744

Title: VC () Delete
Name: JOHNSON, PAUL
Address: 18505 39TH AVE. N.
City-St-Zip: PLYMOUTH, MN 55446

Title: D () Delete
Name: HEINSCH, GREGG
Address: 7143 LAKE CARLISLE BLVD
City-St-Zip: ORLANDO, FL 32829

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEPHEN E. JOHNSON

ED

01/17/2006

Electronic Signature of Signing Officer or Director

Date