

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004221

FILED  
Jan 03, 2007  
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:**

JOHNSON, STEVE E  
2764 KISSIMMEE BAY CIRCLE  
KISSIMMEE, FL 34744 US

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: STEVE E. JOHNSON

01/03/2007

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  
Name:  
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: LYNNE C. JOHNSON

S

01/03/2007

Electronic Signature of Signing Officer or Director

Date