

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 13, 2006 8:00 am**  
**Secretary of State**

04-13-2006 90309 021 \*\*\*150.00

<b>DOCUMENT # F97000002153</b>					
<b>1. Entity Name</b> VISION BENEFITS OF AMERICA, INC.					
<b>Principal Place of Business</b> 300 WEYMAN RD WEYMAN PLAZA, SUITE 400 PITTSBURGH, PA 15236			<b>Mailing Address</b> 300 WEYMAN RD WEYMAN PLAZA, SUITE 400 PITTSBURGH, PA 15236		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 23-2877974	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  CORPAMERICA, INC. 1201 HAYS STREET TALLAHASSEE, FL 32301			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code		
<b>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 the obligations of registered agent.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GISSIN, MICHAEL S 300 WEYMAN PLAZA PITTSBURGH, PA 15236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, DONALD G 300 WEYMAN PLAZA PITTSBURGH, PA 15236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SHAFFER, DIANNE D 300 WEYMAN PLAZA PITTSBURGH, PA 15236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSS, EDWARD W 300 WEYMAN PLAZA PITTSBURGH, PA 15236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAUERLE, JAMES F ESQ. USX BUILDING 58TH FLOOR PITTSBURGH, PA 15219	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPER, ROBERT M 300 WEYMAN PLAZA PITTSBURGH, PA 15236	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D D'ONOFRIO, SAMUEL E OD 542 LOCUST STREET, PO BOX 398 JEANNETTE, PA 15644	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RULE, W. DAVID OD 453 EAST LANCASTER AVENUE SHILLINGTON, PA 19607	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD THEODOROUS, PETER G OD 4570 PENNS VALLEY ROAD, SUITE 3 SPRING MILLS, PA 16875	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEISS, MICHAEL A ESQ 11th FLOOR, FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
<b>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 attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <u>Dianne D. Shaffer</u>		Dianne D. Shaffer		04/10/06 412 881-4900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	