

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000004641

Entity Name: VISIONAIR, INC.

FILED
Apr 29, 2005
Secretary of State

Current Principal Place of Business:

5601 BARBADOS BLVD.
CASTLE HAYNE, NC 28429

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 9000
CASTLE HAYNE, NC 28429

New Mailing Address:

FEI Number: 56-1747324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PCEO () Delete
Name: CRAWFORD, DANIEL
Address: 5601 BARBADOS BLVD.
City-St-Zip: CASTLE HAYNE, NC 28429

Title: DIR () Delete
Name: BROWNING, ANN H
Address: 5601 BARBADOS BLVD
City-St-Zip: CASTLE HAYNE, NC 28429

Title: DIR () Delete
Name: MORRIS, MIKE
Address: 5601 BARBADOS BLVD
City-St-Zip: CASTLE HAYNE, NC 28429

Title: CTO (X) Delete
Name: TRIGGIANO, MICHAEL
Address: 5601 BARBADOS BLVD.
City-St-Zip: CASTLE HAYNE, NC 28429

Title: COO (X) Delete
Name: LYONS, JOHN M
Address: 5601 BARBADOS BLVD.
City-St-Zip: CASTLE HAYNE, NC 28429

Title: SEC () Delete
Name: HENSLEY, SAM T
Address: 5601 BARBADOS BLVD
City-St-Zip: CASTLE HAYNE, NC 28429

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PCEO (X) Change () Addition
Name: LYONS, MIKE
Address: 5601 BARBADOS BLVD.
City-St-Zip: CASTLE HAYNE, NC 28429

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

Title: DIR (X) Change () Addition
Name: SADAYASU, ALAN
Address: 5601 BARBADOS BLVD
City-St-Zip: CASTLE HAYNE, NC 28429

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 Section 119.07(3)(i), 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: SAM HENSLEY

SEC

04/29/2005

Electronic Signature of Signing Officer or Director

Date