


2008 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # H15061</b> 1. Entity Name VISTA TECHNOLOGY, INC.	
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Principal Place of Business PO BOX 970551 BOCA RATON, FL 33497	Mailing Address PO BOX 970551 BOCA RATON, FL 33497
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04152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2437753	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

8. Name and Address of Current Registered Agent

JACKSON, D. KATHERINE  
22472 ORANGE BLOSSOM LANE  
BOCA RATON, FL 33428

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000909744 05/06/08-80082-020 150.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JACKSON, ALAN K. PO BOX 970551 BOCA RATON, FL 33497
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD JACKSON, D. KATHERINE PO BOX 970551 BOCA RATON, FL 33497
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

SIGNATURE: Alan K. Jackson AK. JACKSON 4/17/2008  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #