2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# H32272

FILED Feb 02, 2006 Secretary of State

Entity Name: VISION ENGINEERING LABORATORIES, INC.

Current Principal Place of Business:		New Principal Place of Business:		
787 ENT ARGO, F	ERPRISE BLVD L 33773 US			
urrent N	lailing Address	:	New Mailing Addres	s:
	WAY ROAD /ILLE, IL 60106	US		
El Number	: 59-2481810	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
lame and	l Address of Cu	ırrent Registered Agent:	Name and Address of	of New Registered Agent:
,	JAMES H ST BAY DRIVE			
JNIT # 60		3770 US		
JNIT # 60 BELLEAIR The above	3 BLUFFS, FL 3:		ourpose of changing its registere	ed office or registered agent, or both,
JNIT # 60 BELLEAIR The above	3 BLUFFS, FL 3 named entity sue of Florida.		ourpose of changing its registere	ed office or registered agent, or both,
JNIT # 60 BELLEAIR he above n the State	3 BBLUFFS, FL 3 named entity sue of Florida. RE:			od office or registered agent, or both, Date
JNIT # 60 BELLEAIR The above In the State	3 RBLUFFS, FL 3 named entity su e of Florida. RE: Electronic	ubmits this statement for the p		
JNIT # 60 BELLEAIR The above The State BIGNATUE	3 RBLUFFS, FL 3 named entity su e of Florida. RE: Electronic	ubmits this statement for the position of the position of Registered Agranust Fund Contribution ().	ent	
JNIT # 60 BELLEAIR The above The State BIGNATUE	3 BLUFFS, FL 3 named entity sue of Florida. RE: Electronic mpaign Financing S AND DIRECT	ubmits this statement for the personal contribution (). ORS: Delete LARRY A DRIVE	ent	Date
JNIT # 60 BELLEAIR The above In the State BIGNATUI Glection Car DFFICER ittle: lame: ddress:	3 R BLUFFS, FL 3 R named entity sue of Florida. RE: Electronic mpaign Financing S AND DIRECT DT () E KERCHENFAUT, 6024 SHERMAN WOODRIDGE, IL	ubmits this statement for the processing contribution (). ORS: Delete LARRY A DRIVE . 60517 Delete A ESTATES CT	ent ADDITIONS/CHANG Title: Name: Address:	Date ES TO OFFICERS AND DIRECTOR

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

SIGNATURE: CALVIN FM 02/02/2006