2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# K67518

Entity Name: VISION ELECTRONICS, INC.

FILED Aug 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1175 SPRING CENTRE SOUTH BLVD. ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

1175 SPRING CENTRE SOUTH BLVD. ALTAMONTE SPRINGS, FL 32714

FEI Number: 59-2937351 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MELILLO, JOHN M.

218 MONTEREY ISLE

LONGWOOD, FL 32779

US

HACKER, BEVERLY A

1175 SPRING CENTRE S. BLVD

ALTAMONTE SPRINGS, FL 32714

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: BEVERLY HACKER 08/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: **PCFO** () Delete Title: **PRFS** (X) Change () Addition MELILLO, JOHN M., Name: Name: HART, PENNY 1175 SPRING CENTRE S. BLVD 218 MONTEREY ISLE N. Address: Address: City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32714 VΡ Title: VΡ Title: () Delete (X) Change () Addition Name: MELILLO, JOANNE CFO Name: FARRELL, MICHAEL 218 MONTEREY ISLE N. 1175 SPRING CENTRE S. BLVD. Address: Address: LONGWOOD, FL 32779 ALTAMONTE SPRINGS, FL 32714 City-St-Zip: City-St-Zip: Title: (X) Change () Addition Title: () Delete MELILLO, JOANNE LOVERING, RICHARD Name: Name:

Address: 218 MONTEREY ISLE N. Address: 1175 SPRING CENTRE S. BLVD City-St-Zip: LONGWOOD, FL 32779 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: () Delete Title: TR () Change (X) Addition

 Title:
 () Delete

 Name:
 Name:

 Address:
 HACKER, BEVERLY

 Address:
 1175 SPRING CENTRE S. BLVD

 City-St-Zip:
 City-St-Zip:

Title: () Delete Title: SECY () Change (X) Addition

Name: Name: VELASQUEZ, FABIO

Address: Address: 1175 SPRING CENTRE S. BLVD
City-St-Zip: City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: BEVERLY HACKER TRE 08/17/2006