

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K67518

FILED
Jan 09, 2009
Secretary of State

Entity Name: VISION ELECTRONICS, INC.

Current Principal Place of Business:

1175 SPRING CENTRE SOUTH BLVD.
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

1175 SPRING CENTRE SOUTH BLVD.
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

FEI Number: 59-2937351

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HACKER, BEVERLY A
1175 SPRING CENTRE S. BLVD
ALTAMONTE SPRINGS, FL 32714 US

Name and Address of New Registered Agent:

VELASQUEZ, FABIO 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: FABIO VELASQUEZ

01/09/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: FARRELL, MICHAEL
Address: 1175 SPRING CENTRE S. BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: HART, PENNY
Address: 1175 SPRING CENTRE S. BLVD.
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: LOVERING, RICHARD
Address: 1175 SPRING CENTRE S. BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Delete
Name: HACKER, BEVERLY
Address: 1175 SPRING CENTRE S. BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP (X) Delete
Name: VELASQUEZ, FABIO
Address: 1175 SPRING CENTRE S. BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: VP (X) Change () Addition
Name: VELASQUEZ, FABIO
Address: 1175 SPRING CENTRE S. BLVD
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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

I hereby certify that the information supplied with this filing does not qualify 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: FABIO VELASQUEZ

VP

01/09/2009

Electronic Signature of Signing Officer or Director

Date