

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000074689

Entity Name: VISIONS ACADEMY LLC

FILED
May 02, 2006
Secretary of State

Current Principal Place of Business:

1202 MIMOSA AVE
IMMOKALEE, FL 34142

New Principal Place of Business:

PO BOX 2814
IMMOKALEE, FL 34143

Current Mailing Address:

PO BOX 2814
IMMOKALEE, FL 34143

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

GARDENER-HOWARD, SHARON
1202 MIMOSA AVE
IMMOKALEE, FL 34142 US

Name and Address of New Registered Agent:

HOWARD, SHARON
1202 MIMOSA AVE
IMMOKALEE, FL 34142 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: SHARON HOWARD

05/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: GARDENER-HOWARD, SHARON
Address: 1202 MIMOSA AVE
City-St-Zip: IMMOKALEE, FL 34142

Title: MGRM () Delete
Name: GARDENER, FREDONIA
Address: 621 S 5TH ST
City-St-Zip: IMMOKALEE, FL 34142

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HOWARD, SHARON
Address: 1202 MIMOSA AVE
City-St-Zip: IMMOKALEE, FL 34142

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 Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SHARON HOWARD

MGR

05/02/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date