

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000000639

FILED
May 03, 2006
Secretary of State

Entity Name: VISION INTERNATIONAL UNIVERSITY OF FLORIDA, INC.

Current Principal Place of Business:

6917 VISTA PARKWAY NORTH, STE 12
WEST PALM BEACH, FL 33411 US

New Principal Place of Business:

6454 PARADISE COVE
WEST PALM BEACH, FL 33411 US

Current Mailing Address:

6917 VISTA PARKWAY NORTH, STE 12
WEST PALM BEACH, FL 33411 US

New Mailing Address:

6454 PARADISE COVE
WEST PALM BEACH, FL 33411 US

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

Name and Address of Current Registered Agent:

DELGADO, JOHN DR.
6917 VISTA PARKWAY NORTH, STE 12
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

DELGADO, JOHN DR.
6454 PARADISE COVE
WEST PALM BEACH, FL 33411 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: JOHN DELGADO

05/03/2006

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: DELGADO, JOHN DR.
Address: 6917 VISTA PARKWAY NORTH, STE 12
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP () Delete
Name: DELGADO, IRIS DR.
Address: 6917 VISTA PARKWAY NORTH, STE 12
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: SECT () Delete
Name: DELGADO, KRISTINE
Address: 6917 VISTA PARKWAY NORTH, STE 12
City-St-Zip: WEST PALM BEACH, FL 33411 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: DELGADO, JOHN DR.
Address: 6454 PARADISE COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: VP (X) Change () Addition
Name: DELGADO, IRIS DR.
Address: 6454 PARADISE COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

Title: SECT (X) Change () Addition
Name: DELGADO, KRISTINE
Address: 6454 PARADISE COVE
City-St-Zip: WEST PALM BEACH, FL 33411 US

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

SIGNATURE: JOHN DELGADO

DR.

05/03/2006

Electronic Signature of Signing Officer or Director

Date