2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002157

Entity Name: ST. JOHNS VISION, INC.

FILED May 17, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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ONE NEWS PLACE

ST. AUGUSTINE, FL 32086 US

Current Mailing Address: New Mailing Address:

PO BOX 141 PO BOX 146

SAINT AUGUSTINE, FL 32085 US SAINT AUGUSTINE, FL 32085 US

FEI Number: 56-2335528 FEI Number Applied For () FEI Number Not Applicable () 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: Name and Address of New Registered Agent:

SPAULDING, BARBARA A

ST. JOHNS VISION, INC.

1 NEWS PLACE

LAZAR, WILLIAM N

ST. JOHNS VISION, INC.

1 NEWS PLACE

1 NEWS PLACE

SAINT AUGUSTINE, FL 32086 US SAINT AUGUSTINE, FL 32086 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: WILLIAM N. LAZAR 05/17/2006

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 D
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 HEWINS, JOHN
 Name:
 AUTREY, RICK

 Address:
 188 EDGE OF WOODS RD
 Address:
 765 EAGLE POINT DRIVE

Address: 188 EDGE OF WOODS RD Address: 765 EAGLE POINT DRIVE

City-St-Zip: SAINT AUGUSTINE, FL 32092 City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: C () Delete Title: D (X) Change () Addition

 Name:
 STEWART, DAN
 Name:
 FROSTENSON, NELS

 Address:
 112 DOGWOOD DR.
 Address:
 376 ROSCOE BLVD.

 City-St-Zip:
 SAINT AUGUSTINE, FL 32080
 City-St-Zip:
 PALM VALLEY, FL 32082

 Name:
 PERRY, JOHN
 Name:
 HEWINS, JOHN

 Address:
 105 OCEAN'S EDGE DRIVE
 Address:
 118 EDGE OF WOODS ROAD

Address: 105 OCEAN'S EDGE DRIVE Address: 118 EDGE OF WOODS ROAD
City-St-Zip: PONTE VEDRA BEACH, FL 32082 City-St-Zip: ST. AUGUSTINE, FL 32092

Title: T () Delete Title: D (X) Change () Addition Name: AURREY, RICK Name: MCKENZIE, BOB

 Address:
 765 EAGLE POINT DR.
 Address:
 4905 BELFORT ROAD STE 110

 City-St-Zip:
 SAINT AUGUSTINE, FL 32092
 City-St-Zip:
 JACKSONVILLE, FL 32256

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

 Name:
 JURENOVICH, GARY
 Name:
 DRAKE, KATHY

 Address:
 536 MORNING SIDE DR.
 Address:
 212 BLUEBIRD LANE

 City-St-Zip:
 PONTE VEDRA BEACH, FL 32082
 City-St-Zip:
 ST. AUGUSTINE, FL 32080

Title: D () Delete Title: () Change () Addition

 Name:
 MARTIN, SACHA
 Name:

 Address:
 31 COASTAL HOLLOW CIRCLE
 Address:

 City-St-Zip:
 SAINT AUGUSTINE, FL 32084
 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 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: WILLIAM LAZAR TREA 05/17/2006