2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000002926

City-St-Zip:

FILED May 03, 2004 Secretary of State

Entity Name: VISIONS FOR THE FUTURE INC. **Current Principal Place of Business: New Principal Place of Business:** 3505 NW 204TH TERRACE OPA LOCKA, FL 33056 **Current Mailing Address: New Mailing Address:** 3505 NW 204TH TERRACE OPA LOCKA, FL 33056 FEI Number: 06-1685128 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: GARDENER, SHARON L HOWARD, REGINALD L 3505 NW 204TH TERRACE 3505 NW 204TH TERRACE OPA LOCKA, FL 33056 OPA LOCKA, FL 33056 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: REGINALD HOWARD 05/03/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete HOWARD, REGINALD Name: Name: Address: 3505 NW 204TH TERRACE Address: City-St-Zip: OPA LOCKA, FL 33056 US City-St-Zip: Title: () Delete Title: () Change () Addition Name: EVANS, CASSANDRA Name: Address: 3505 NW 204TH TERRACE Address: City-St-Zip: OPA LOCKA, FL 33056 US City-St-Zip: Title: () Delete Title: () Change () Addition PRATT, TYRONE Name: Name: 3505 NW 204TH TERRACE Address: Address: City-St-Zip: OPA LOCKA, FL 33056 US City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: JELKS, FLORENCE Address: Address: 3505 NW 204TH TERR

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

OPA LOCKA, FL 33056 US

SIGNATURE: REGINALD HOWARD D 05/03/2004