## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N03000002926

City-St-Zip:

OPA LOCKA, FL 33056 US

Entity Name: VISIONS FOR THE FUTURE INC.

FILED Feb 24, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

3505 NW 204TH TERRACE 311 13TH ST SE

OPA LOCKA, FL 33056 US IMMOKALEE, FL 34142 US

Current Mailing Address: New Mailing Address:

3505 NW 204TH TERRACE PO BOX 2814

OPA LOCKA, FL 33056 US IMMOKALEE, FL 34143 US

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:

HOWARD, REGINALD L PRATT, TYRONE A
3505 NW 204TH TERRACE 14732 SW 108TH TERR
OPA LOCKA, FL 33056 US MIAMI, FL 33196 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: TYRONE A. PRATT 02/24/2005

Electronic Signature of Registered Agent Date

## OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: HOWARD, REGINALD Name: PRATT, TYRONE A

 Address:
 3505 NW 204TH TERRACE
 Address:
 14732 SW 108TH TERR

 City-St-Zip:
 OPA LOCKA, FL 33056 US
 City-St-Zip:
 MIAMI, FL 33196 US

Title: D ( ) Delete Title: D (X) Change ( ) Addition Name: EVANS, CASSANDRA Name: EVANS, CASSANDRA

 Address:
 3505 NW 204TH TERRACE
 Address:
 1816 NW 25TH TERR

 City-St-Zip:
 OPA LOCKA, FL 33056 US
 City-St-Zip:
 FT. LAUDERDALE, FL 33311 US

Title: D () Delete Title: D (X) Change () Addition Name: PRATT, TYRONE Name: HOWARD, REGINALD

 Address:
 3505 NW 204TH TERRACE
 Address:
 621 S. 5TH ST.

 City-St-Zip:
 OPA LOCKA, FL 33056 US
 City-St-Zip:
 IMMOKALEE, FL 34143 US

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

 Name:
 JELKS, FLORENCE
 Name:
 JELKS, FLORENCE

 Address:
 3505 NW 204TH TERR
 Address:
 419 BOOKER BLVD

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:

IMMOKALEE, FL 33142 US

SIGNATURE: TYRONE A. PRATT MR 02/24/2005