


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N03000005311</b> 1. Entity Name THE VISIONAIRES, INC.	
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Principal Place of Business 2419 N.E. 8TH AVENUE GAINESVILLE, FL 32641 US	Mailing Address POST OFFICE BOX 2683 GAINESVILLE, FL 32602 US
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04262006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
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5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

MILES HAMILTON, JUANITA  
2419 N.E. 8TH AVENUE  
GAINESVILLE, FL 32641

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Juanita Miles Hamilton*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

*4/27/2006*

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CAMPBELL, GUSSIE 3531 NW 41ST TERRACE GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOHNSON, LUELLA M 5618 SW 104TH TERRACE GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECT FOREMAN, ANN 1616 NW 21ST STREET GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAWLS, YVONNE C 5808 SW 49TH STREET GAINESVILLE, FL 32608
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE CHESTNUT, CYNTHIA 911 N.E. BLVD GAINESVILLE, FL 32601
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILES HAMILTON, JUANITA 2419 NE 8TH AVENUE GAINESVILLE, FL 32641

U00000549259  
05/13/06-80013-013 70.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Gussie Campbell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/27/06 352.376.3923*

Date

Daytime Phone #