

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000005670

FILED
Apr 28, 2006
Secretary of State

Entity Name: EAST COAST VISIONARIES, INC.

Current Principal Place of Business:

1002 NW 9TH AVENUE
OKEECHOBEE, FL 34972

New Principal Place of Business:

Current Mailing Address:

PO BOX 13573
FORT PIERCE, FL 34979

New Mailing Address:

FEI Number: 04-3793096

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, CHARLES
5846 57TH ST.
VERO BEACH, FL 32967 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GAINEY, DANIEL
Address: 19618 NE 13TH STREET
City-St-Zip: GAINESVILLE, FL 32609

Title: VP () Delete
Name: JONES, CHARLIE
Address: 4290 46TH LANE
City-St-Zip: VERO BEACH, FL 32967

Title: T () Delete
Name: BRAZIL, WILLIAM
Address: 2971 OCEAN PKWY
City-St-Zip: BOYNTON BEACH, FL 33435

Title: D () Delete
Name: PITMAN, CHARLIE
Address: P.O. BOX 2134
City-St-Zip: BELLE GLADE, FL 33430

Title: D () Delete
Name: HALL, ARLEASE
Address: 5639 SUNBERRY CIRCLE
City-St-Zip: FORT PIERCE, FL 34951

Title: D () Delete
Name: REASON, VERNON
Address: 5846 57TH STREET
City-St-Zip: VERO BEACH, FL 32967

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ARLEASE HALL

D

04/28/2006

Electronic Signature of Signing Officer or Director

Date