2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011197

City-St-Zip: VALRICO, FL 33594

Entity Name: VISION FOR THE NATIONS INC.

FILED Apr 29, 2009 Secretary of State

Littly Na	ille. VISION FO	OR THE NATIONS INC.					
Current P	rincipal Place	of Business:	New Principal Place of Business:				
10817 DIXON DRIVE RIVERVIEW, FL 33569 US			10817 DIXON DRIVE RIVERVIEW, FL 335797409 US				
Current M	lailing Addres	s:	New Mailing Address:				
10817 DIXON DRIVE RIVERVIEW, FL 33569 US		10817 DIXON DRIVE RIVERVIEW, FL 335797409 US					
FEI Number	: 20-5791369	FEI Number Applied For()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	l Address of C	urrent Registered Agent:	Name and Address of New Registered Agent:				
912 LITHIA							
	e named entity s e of Florida.	ubmits this statement for the p	ourpose of changing i	ts registered	d office or registered agent, or	both,	
SIGNATU	RE:						
	Electron	ic Signature of Registered Age	ent	Date			
OFFICER	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PD () BEIZA, DANIEL 228 BELFORT F VALRICO, FL 3		Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	LEON, OLGA M	Delete PLACE APT #301 33594	Title: Name: Address: City-St-Zip:	ST LEON, OLGA 228 BELFOI BRANDON, I	RT PLACE APT #301		
Title: Name: Address: City-St-Zip:	SALAZAR, DÒR	ON DRIVE APT #46	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: City-St-Zip:	D () BEIZA, DELMIS 228 BELFORT F VALRICO, FL 3	PLACE	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address:	D () MANZANARES, 3104 LEONARD		Title: Name: Address:		() Change () Addition		

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: DANIEL BEIZA PRES 04/29/2009