2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004505

834 WEATHERLY CT

City-St-Zip: LONGWOOD, FL 32750

Address:

FILED Jul 15, 2009 Secretary of State

20011	1211111111010000		ocorciary or otate	
Entity Na	me: VISIONS ALIVE INC.			
Current P	rincipal Place of Business:	New Principal Pla	ce of Business:	
	NOLE ROAD D, FL 32751			
Current Mailing Address:		New Mailing Addr	New Mailing Address:	
P.O. BOX WINTER F	304 PARK, FL 32790			
In accordan	: 20-8623157 FEI Number Applied For() ce with s. 607.193(2)(b), F.S., the corporation did no	•	Certificate of Status Desired (X)	
Name and	Address of Current Registered Agent:	Name and Address	s of New Registered Agent:	
1606 ORA MAITLAND	S, MILLIE D NOLE ROAD D, FL 32751 US named entity submits this statement for the perfections of the perfection of the perfection.	ourpose of changing its registe	ered office or registered agent, or both,	
SIGNATU				
	Electronic Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P,D () Delete ANDREWS, MILLIE D 1606 ORANOLE ROAD, MAITLAND, FL 32751	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP,D () Delete SCOTT, DAVID D 902 SPRING VALLEY ROAD ALTAMONTE SPRINGS, FL 32714	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	SEC. () Delete	Title:	() 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.

Address:

City-St-Zip:

SIGNATURE: MILLIE D. ANDREWS P,D 07/15/2009