2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
Secretary of State

DOCUMENT# N94000005822

Entity Name: OSCEOLA VISIONARIES, INC.

Current Principal Place of Business:

1710 ORANGE VISTA BLVD.
KISSIMMEE, FL 34746

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 452093
KISSIMMEE, FL 347452093

New Mailing Address:

FEI Number: 59-3288421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PINELLAS, ANNA M
1710 ORANGE VISTA BLVD.
KISSIMMEE, FL 34746 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: C
Name: PINELLAS, ANNA M
Address: 1710 ORANGE VISTA BLVD
City-St-Zip: KISSIMMEE, FL 34746

Title: T
Name: TAYLOR, SHIRLEY B
Address: 98 SAN BLAS AVE
City-St-Zip: KISSIMMEE, FL 34743

Title: S
Name: JONES-GAINES, MECHELLE
Address: 118 ASTOR CT
City-St-Zip: KISSIMMEE, FL 34743

Title: D
Name: MCMILLON, DELORIS
Address: 2781 MICHIGAN AVENUE
City-St-Zip: KISSIMMEE, FL 34744

Title: D
Name: MCCRIMON, GLORIA
Address: 609 S. 3RD AVENUE
City-St-Zip: KISSIMMEE, FL 34741

Title: VC
Name: AYERS, PETER
Address: 928 FL. PRKWY
City-St-Zip: KISSIMMEE, FL 34743

I hereby 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 all other like empowered.

SIGNATURE: ANNA M. PINELLAS C 02/15/2011

Electronic Signature of Signing Officer or Director — Date