


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000005443

1. Entity Name
 PARTNERS OF VISIONS, INC.



Principal Place of Business 732 PROSPECT AVENUE FT MYERS, FL 33905	Mailing Address 732 PROSPECT AVENUE FT MYERS, FL 33905
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04152006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-3311637** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GRIMSLEY, ELDER E
 732 PROSPECT AVENUE
 FT MYERS, FL 33905

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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 _____ (NOTE: Registered Agent signature required when reinstating) 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	D
NAME	GRIMSLEY, ELDER E
STREET ADDRESS	732 PROSPECT AVE.
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	D
NAME	GRIMSLEY, BRENDA J
STREET ADDRESS	732 PROSPECT AVE.
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	D
NAME	TURNER, DARLENE
STREET ADDRESS	4701 11 LAKESIDE CLUB BLVD.
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	D
NAME	ROBERSON, STANLEY
STREET ADDRESS	555 PROSPECT AVE
CITY-ST-ZIP	FT MYERS, FL 33905
TITLE	D
NAME	KNIGHT, EDDIE J
STREET ADDRESS	3529 DR. MLK BLVD.
CITY-ST-ZIP	FT MYERS, FL 33916
TITLE	D
NAME	FIGGERS, CURTIS
STREET ADDRESS	69 SEMINOLE CT
CITY-ST-ZIP	FORT MYERS, FL 33905

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 05/09/06-80024-018 61.25

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: Brenda Grimsley 4/19/06 239-693-5672

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #