


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 12, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N98000006831</b> 1. Entity Name "VISIONS PLUS" COMMUNITY DEVELOPMENT CORPORATION	
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Principal Place of Business 213 STONE STREET COCOA, FL 32922	Mailing Address 213 STONE STREET COCOA, FL 32922
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**DO NOT WRITE IN THIS SPACE**



05082006 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3561448	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

WELLS, W O SR  
213 STONE STREET  
COCOA, FL 32922

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

<b>Filing Fee is \$61.25</b> <b>Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WELLS, W O SR 213 STONE STREET COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MOORE, BARBARA 928 LEVITT PARKWAY ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WELLS, ANNE 246 ORANGE STREET COCOA, FL 32922
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WHITE, ANNETTE 1227 WINDING MEADOWS ROAD ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOORE, KENDALL 420 COBBLEWOOD DRIVE ROCKLEDGE, FL 32955
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PEETE, HERBERT 1221 SALMONBERRY PLACE ROCKLEDGE, FL 32955

U00000569586  
07/12/06-80005-002 70.00

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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:** W. O. Wells 07/06/06 321.636.7178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #