2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000015469

Entity Name: WESTWOOD VISTA CORPORATION

FILED Mar 19, 2008 Secretary of State

w Principal Place of Business:

6650 HOFFNER AVE. 377 COUNTY RD. 97 SUITE D ABBEVILLE,, AL 36310 ORLANDO, FL 32822

Current Mailing Address: New Mailing Address:

6650 HOFFNER AVE. 377 COUNTY RD. 97 SUITE D ABBEVILLE,, AL 36310 ORLANDO, FL 32822

FEI Number: 59-3700861 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

HUNT, HAROLD M
6650 HOFFNER AVE
SUITE D
ORLANDO, FL 32822 US

TROST, ROBERT D
3041 TINDALL ACRES RD.
KISSIMMEE, FL 34744 US

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: ROBERT D. TROST 03/19/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 TROST, ROBERT D
 Name:

 Address:
 3041 TINDALL ACRES RD
 Address:

 City-St-Zip:
 KISSIMMEE, FL 34744
 City-St-Zip:

Title: DV () Delete Title: () Change () Addition Name: BUHOLZ, PAUL D Name:

Address: 2950 TINDALL ACRES RD Address: City-St-Zip: KISSIMMEE, FL 34744 City-St-Zip:

Title: DST () Delete Title: DST (X) Change () Addition

 Name:
 HUNT, HAROLD M
 Name:
 HUNT, HAROLD M

 Address:
 6650 HOFFNER AVE SUITE D
 Address:
 377 COUNTY RD. 97

 City-St-Zip:
 ORLANDO, FL 32822
 City-St-Zip:
 ABBEVILLE, AL 36310

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT D. TROST DP 03/19/2008