2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

	ANNUAL	REPORT (AF	()	Mar 20, 2006 08:00 AM	
DOCUMENT # P01000040812 1. Entity Name				Secretary of State	
VISION (QUEST VENTURES, INC.				
Principal Place of Business		Mailing Address			
12600 NORTH EAST 25TH AVENUE		12600 NORTH EAST 25TH AVENUE			
ANTHONY	FL 32617	ANTHONY FL 32617			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt, #, etc.		Suite. Apt. #, etc.		1st MOORE CR2E034 (10/05)	
City & State		City & State		4. FEI Number 59-3731501 Applied For Not Applied	
Zip	Country	Zıp	Country	5. Certificate of Status Desired	
	8. Name and Address of Cur	rent Registered Agent		7. Name and Address of New Registered Agent	
MULLINS, WENDY			Name		
126	00 NORTH EAST 25TH A	VENUE	Street Add	dress (P.O. Box Number is Not Acceptable)	
AN	THONY FL 32617		1		
			City	FL Zip Code	
8. The above the obliga	anamed entity submits this statement tions of registered agent.	nt for the purpose of changing its	registered office or re	egistered agent, or both, in the State of Florida. I am familiar with, and accept	
SIGNATURE	Signature, typed or present name of registered	agont and title if applicable (NCT	E Registered Agent signature	toquilod when (canyahra) DATE	
After	ILE NOW!!! FEE IS \$150.00 May 1, 2006 Fee Will Be \$55 k Payable to Florida Departme	0.00	· · · · · · · · · · · · · · · · · · ·	9. Election Campaign Financing \$5.00 May 5. Trust Fund Contribution. Added to Fees	
10.		AND DIRECTORS	It.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	☐ Delote	TITLE	☐ Change ☐ Additive	
NAME	MULLINS, WENDY		NAME		
STREET ADDRESS CITY-ST-ZIP	12600 NE 25TH AVE ANTHONY FL 32617	-	STREET ADDRESS CITY-ST-ZIP	H90000473610	
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NAME			NAME		
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STREET AODRESS			NAME STRELF AUDRESS		
City-St-ZIP			CHY-ST-ZIP		
46 11					

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 607, 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.

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