2007 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P01000120764

1. Entity Name LOTUS VISTA, INC.



FILED Jan 08, 2007 8:00 am Secretary of State 01-08-2007 90238 042 ***150.00

LONGWOOD, FL 32779 LONGWOO				ĺ							
LONGWOOD, FL 32779 LONGWOO	Principal Place	e of Business	Mailing Address								
Sulte, Apt. F. Sulte, Apt.	2973 W SR 434 #400 LONGWOOD, FL 32779										
City & State A LT # MO DTE SPL 365 FL A LT #	2. Principal Pi										
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6. Name and Address of Current Registered Agent 7. Name and Address of Series Desired Face Required 6. Name and Address of Current Registered Agent 7. Name and Address of Now Registered Agent 7. Na		NIE STUNGS FL	ALIXMONIE SPRINGS, FL			1					
MELAMED, ELI 20273 34-97-1404 H-100- LONGWOOD, EL 20273 AUTAMINITE SUIT IN AUTHOR WORLD W	Zip 32	114 SEMINOLE	32114	Se j	MINOLE	5. Certificate	of Status Desired				
MELAMED, ELI Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code A. The above paged entity submits this statement for the purpose of changing its registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and accept the obligation of registered agent, or both, in the State of Forida. I am familiar with, and	6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent										
Street Address (P.O. Box Number is Not Acceptable) Composed Fig. Superior Superio	MELAMED), ELI	Name								
SIGNATURE	2072 WHOD 404 HADD				Street Address (P.O. Box Number is Not Acceptable)						
SIGNATURE	405 W. CENTANI HOUY # 1000										
SIGNATURE	ALTAMONIE SPINGS FL 32714				,				1	1	
SIGNATURE Spreitrum, prior to critical variety of registered agent and title if applicables. (INOTE, Registered Agent agriculate of whom remotively) PILE NOWILI FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 0.	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 obligation of registered agent.										
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### After May 1, 2007 Fee will be \$\$50.00		Signature, typed or printed numb of registered agent a	nd title it applicable. (NOT	E: Registered	Agent signature required	d when reinstriting)	T	DATE			
TITLE D	FILE NOWIR FEE IS \$130,00										
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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 op-upplemental 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 trustge 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.											