


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000053149 1. Entity Name VISION ONE TOTAL EYECARE NETWORK, INC.	
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Principal Place of Business 4848 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127	Mailing Address 4848 SOUTH PENINSULA DRIVE PONCE INLET, FL 32127
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DO NOT WRITE IN THIS SPACE



03132006 No Chg-P CR2E034 (11/05)

4. FEI Number 32-0013534	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HAYNES, MICHAEL L 4848 S. PENINSULA DRIVE PONCE INLET, FL 32127
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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 _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HAYNES, MICHAEL L 4848 S PENINSULA DRIVE PONCE INLET, FL 32127
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05/11/06-80086-011 150.00

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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 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.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **Date** 5/1/06 **Daytime Phone #**