2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2004
Secretary of State

DOCUMENT# P02000121844

Entity Name: VISION HOTELS, INC.

Current Principal Place of Business:

2685 DOBBS RD.
SAINT AUGUSTINE, FL 32086

New Principal Place of Business:

Current Mailing Address:

2685 DOBBS RD.
SAINT AUGUSTINE, FL 32086

New Mailing Address:

FEI Number: 03-0491976 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUBIK, JERRY
2685 DOBBS RD.
SAINT AUGUSTINE, FL 32086 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: DUBIK, JERRY
Address: 290 SAN MARCO AVE
City-St-Zip: ST AUGUSTINE, FL 32084

Title: VD ( ) Delete
Name: SKALOSKI, STELLA
Address: 2250 PONCE DE LEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: TD ( ) Delete
Name: SKALOSKI, ANDRZEJ
Address: 2250 PONCE DE LEON BLVD
City-St-Zip: ST AUGUSTINE, FL 32084

Title: SD ( ) Delete
Name: DUBIK, HELEN
Address: 290 SAN MARCO AVE
City-St-Zip: ST AUGUSTINE, FL 32084

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JERRY DUBIK PD 02/23/2004

Electronic Signature of Signing Officer or Director — Date