2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000121844

Entity Name: VISION HOTELS, INC.

FILED Mar 03, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2685 DOBBS RD. 4425 EAGLE CREEK CT SAINT AUGUSTINE, FL 32086 ELKTON, FL 32033

Current Mailing Address: New Mailing Address:

2685 DOBBS RD. 4425 EAGLE CREEK CT SAINT AUGUSTINE, FL 32086 ELKTON, FL 32033

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

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

DUBIK, JERRY DUBIK, JERRY

2685 DOBBS RD. 4425 EAGLE CREEK CT SAINT AUGUSTINE, FL 32086 US ELKTON, FL 32033

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: 03/03/2005

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

DUBIK, JERRY Name: Name: DUBIK, JERRY 290 SAN MARCO AVE 4425 EAGLE CREEK CT Address: Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: ELKTON, FL 32033

VD Title: (X) Change () Addition Title: () Delete Name: SKALOSKI, STELLA Name:

SKALOWSKI, STELLA 2250 PONCE DE LEON BLVD 2250 PONCE DE LEON BLVD Address: Address: ST AUGUSTINE, FL 32084 ST AUGUSTINE, FL 32084 City-St-Zip: City-St-Zip:

() Delete Title: Title: (X) Change () Addition TD SKALOSKI, ANDRZEJ SKALOWSKI, ANDRZEJ Name: Name:

2250 PONCE DE LEON BLVD 2250 PONCE DE LEON BLVD Address: Address: City-St-Zip: ST AUGUSTINE, FL 32084 City-St-Zip: ST AUGUSTINE, FL 32084

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

DUBIK, HELEN DUBIK, HELEN Name: Name: Address: 290 SAN MARCO AVE Address: 4425 EAGLE CREEK CT

City-St-Zip: City-St-Zip: ST AUGUSTINE, FL 32084 ELKTON, FL 32033

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 03/03/2005