
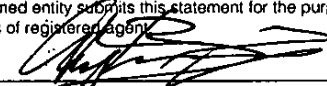
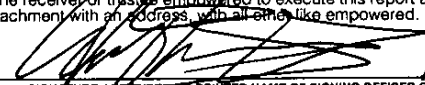


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90234 020 ***150.00

DOCUMENT # P03000037037 1. Entity Name VISION HOME REPAIR, INC.																													
Principal Place of Business 5402 BROOKMEADE DR SARASOTA, FL 34232			Mailing Address 5402 BROOKMEADE DR SARASOTA, FL 34232																										
2. Principal Place of Business 1577 Honore Ave <small>Suite, Apt. #, etc.</small>		3. Mailing Address 1577 Honore Ave <small>Suite, Apt. #, etc.</small>																											
City & State SARASOTA, FL Zip 34232		City & State SARASOTA, FL Zip 34232		4. FEI Number 06-1686397																									
Country 		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																									
6. Name and Address of Current Registered Agent BERNARDO, ANTHONY SR 5402 BROOKMEADE DR SARASOTA, FL 34232				7. Name and Address of New Registered Agent Name Bernardo Anthony, Sr Street Address (P.O. Box Number is Not Acceptable) 1577 Honore Avenue City SARASOTA FL Zip Code 34232																									
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  Anthony BERNARDO DATE 4/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
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																										
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">D</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>BERNARDO, ANTHONY SR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5402 BROOKMEADE DR</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34232</td> <td></td> </tr> </table>			TITLE	D	<input type="checkbox"/> Delete	NAME	BERNARDO, ANTHONY SR		STREET ADDRESS	5402 BROOKMEADE DR		CITY-ST-ZIP	SARASOTA, FL 34232		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">P</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>Bernardo, Anthony, Sr.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1577 Honore Ave</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>SARASOTA, FL 34232</td> <td></td> </tr> </table>			TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	Bernardo, Anthony, Sr.		STREET ADDRESS	1577 Honore Ave		CITY-ST-ZIP	SARASOTA, FL 34232	
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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:  Anthony BERNARDO DATE 4/24/06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																													