2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 26, 2006 08:00 AM **DOCUMENT # P04000012256** Secretary of State 1. Entity Name ENVISION ONE ENTERPRISES, INC. Principal Place of Business Mailing Address 2791 DELANEY CT 2791 DELANEY CT PALM HARBOR, FL 34684 PALM HARBOR, FL. 34684 01042008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-0516416 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MORACA, MARGARET DO NOT WRITE 2791 DELANEY CT PALM HARBOR, FL 34684 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, typed or printed name of regulated agent and title if applicable. (NOTE, Repistered Agent signature required when reinstaling) DATE FILE NOWIII FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ππε MORACA, MARGARET NAME SINELI ADDRESS 2791 DELANEY CT PALM HARBOR, FL 34684 CITY-ST-ZIP U00000534981 05/08/06-80036-001 150.00 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CHTY-ST-ZIP

12. I hereby certify that the information supplied with this Illing 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 trusted empowered to execute this report as required by Chapter 807, 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.

TITLE

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: TOURS AND TIPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED