

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000124730

Entity Name: VISTA FUNDING INC

FILED
Apr 06, 2005
Secretary of State

Current Principal Place of Business:

112 LOCHNESS LANE
KISSIMMEE, FL 34743

New Principal Place of Business:

2122 E COLONIAL DR
ORLANDO, FL 32803

Current Mailing Address:

112 LOCHNESS LANE
KISSIMMEE, FL 34743

New Mailing Address:

2122 E COLONIAL DR
ORLANDO, FL 32803

FEI Number: 20-1529414

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KARIM, ALTAF CPA
421 MONTGOMERY RD #165
ALTAMONTE SPRINGS, FL 32714 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: P () Delete
Name: XUAN, TRINH
Address: 112 LOCHNESS LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: LUU, THI HUANG
Address: 112 LOCHNESS LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: D () Delete
Name: SWICK, ERIC
Address: 112 LOCHNESS LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: S (X) Delete
Name: DIEM DOAN, KIMBERLY
Address: 112 LOCHNESS LANE
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NEELY, TRINH X P
Address: 112 LOCHNESS LANE
City-St-Zip: KISSIMMEE, FL 34743

Title: D (X) Change () Addition
Name: LUU, THI H D
Address: 2608 TREYMORE DR
City-St-Zip: ORLANDO, FL 32825

Title: D (X) Change () Addition
Name: DOAN, KIMBERLY D D
Address: 10034 DEAN CHASE BOULEVARD
City-St-Zip: ORLANDO, FL 32825

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: TRINH NEELY

P

04/06/2005

Electronic Signature of Signing Officer or Director

Date