

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2006 8:00 am**  
**Secretary of State**

02-20-2006 90026 049 \*\*\*158.75

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<b>DOCUMENT # P04000124730</b> 1. Entity Name <b>VISTA FUNDING INC</b>					
Principal Place of Business <b>2122 E COLONIAL DR ORLANDO, FL 32803</b>			Mailing Address <b>2122 E COLONIAL DR ORLANDO, FL 32803</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>KARIM, ALTAF CPA 421 MONTGOMERY RD #165 ALTAMONTE SPRINGS, FL 32714</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9.- Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NEELY, TRINH X P 112 LOCHNESS LANE KISSIMMEE, FL 34743		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NEELY, TRINH 112 LOCHNESS LANE KISSIMMEE, FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUU, THI H D 2608 TREYMORE DR ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T/S/D NEELY, PATRICK 112 LOCHNESS LANE KISSIMMEE, FL 34743	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOAN, KIMBERLY D D 10034 DEAN CHASE BOULEVARD ORLANDO, FL 32825		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change Addition	
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.					
<b>SIGNATURE:</b> <i>Trinh Neely</i>			<b>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</b>		
<b>Trinh Neely - President</b>			Date: <b>2/15/06</b> Daytime Phone #: <b>407-895-8222</b>		