2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007
Secretary of State

DOCUMENT# P05000057551

Entity Name: VISION REALTY, TRI-COUNTY INC.

Current Principal Place of Business:

P.O. BOX 87
SUWANNEE, FL 32692

New Principal Place of Business:

62 SE 228TH STREET
SUWANNEE, FL 32692

Current Mailing Address:

P.O. BOX 87
SUWANNEE, FL 32692

New Mailing Address:

FEI Number: 22-3913545 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LOVELACE, GAYLE B
133 SE 252ND STREET
SUWANNEE, FL 32692 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: LOVELACE, GAYLE B
Address: P.O. BOX 87
City-St-Zip: SUWANNEE, FL 32692

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LOVELACE, GAYLE B
Address: 133 SE 252ND STREET
City-St-Zip: SUWANNEE, FL 32692

Title: VPT ( ) Change (X) Addition
Name: LOVELACE, GARFIE J
Address: 133 SE 252ND STREET
City-St-Zip: SUWANNEE, FL 32692

Title: AVP ( ) Change (X) Addition
Name: MCKINNEY, TINA
Address: 133 SE 252ND STREET
City-St-Zip: SUWANNEE, FL 32692

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GAYLE B. LOVELACE P 04/30/2007

Electronic Signature of Signing Officer or Director — Date