

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000071152

FILED  
Feb 28, 2006  
Secretary of State

Entity Name: GATORSKTCH VISIONS, INC.

## Current Principal Place of Business:

BOURNE CONCOURSE  
PEEL STREET, RAMSEY  
ISLE OF MAN, IM8 1JJ

## New Principal Place of Business:

723 W. MONTROSE STREET  
CLERMONT, FL 34711 US

## Current Mailing Address:

3359 W. VINE ST.  
104  
KISSIMMEE, FL 34741 US

## New Mailing Address:

723 W. MONTROSE STREET  
CLERMONT, FL 34711 US

FEI Number: 20-2871609

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BYRD, REGINA  
3359 W. VINE ST  
104  
KISSIMMEE, FL 34741 US

## Name and Address of New Registered Agent:

BYRD, REGINA  
3395 W. VINE ST  
301  
KISSIMMEE, FL 34741 US

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: \_\_\_\_\_

02/28/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: WRIGHT, DAVID  
Address: 3359 W. VINE ST., SUITE 104  
City-St-Zip: KISSIMMEE, FL 34741 US

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: WRIGHT, DAVID J  
Address: 13844 LOUISA COURT  
City-St-Zip: CLERMONT, FL 34711 US

Title: S ( ) Change (X) Addition  
Name: WRIGHT, INGEBORG  
Address: 13844 LOUISA COURT  
City-St-Zip: CLERMONT, FL 34711 US

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID J. WRIGHT

P

02/28/2006

Electronic Signature of Signing Officer or Director

Date