## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED** May 27, 2008 08:00 AN Secretary of State

|                |     |            |    |       |           | <br> |
|----------------|-----|------------|----|-------|-----------|------|
| DOOLINGENET !! | DΔ. | <b>-</b> 0 | ~~ | 4 = 4 | 004       |      |
| DOCUMENT#      | ru: | วบเ        | υU | 151   | 2U4       |      |
|                | -   |            |    | . • . | <b></b> . |      |

 Entity Name VISTA 2005, INC.



Principal Place of Business

Mailing Address

4577 HIGHWAY 20 EAST NICEVILLE, FL 32578

4577 HIGHWAY 20 EAST NICEVILLE, FL 32578



DO NOT WRITE IN THIS SPACE

05202008 No Chg-P CR2E034 (11/05)

Applied For 4. FEI Number 20-3809153 Not Applicable \$8.75 Additional

5. Certificate of Status Desired

21/08

8501897-060

6. Name and Address of Current Registered Agent

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

PATEL, DEEPAK L 4577 HIGHWAY 20 EAST NICEVILLE, FL 32578

DO NOT WRITE IN THIS SPACE

| [2] "我们是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个   |   |       |  |   |  |  |  |  |
|--|---|-------|--|---|--|--|--|--|
| 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating)  DATE   |   |       |  |   |  |  |  |  |
| FILE NOW!!! FEE IS \$550.00  Due by September 12, 2008  9. Election Campaign Financing \$5.00  Trust Fund Contribution  Added to   |   |       |  |   |  |  |  |  |
| 10.  | OFFICERS AND DIRE   | CTORS | The state of the s |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | P<br>DEEPAK, PATEL L<br>4577 HWY 20 EAST<br>NICEVILLE, FL 32578 |       |  | 000000952078<br>06/04/08-80065-006 150.00 |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ,   |       |  |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       | DO   | NOT WRITE                                 |  |  |  |  |
| TITLE NAME SIREET ADDRESS CITY-ST-ZIP  |   |       | IN   | THIS SPACE                                |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  |   |  |  |  |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |       |  |   |  |  |  |  |
| 12. Thereby 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 |   |       |  |   |  |  |  |  |