2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008
Secretary of State

DOCUMENT# P06000078050

Entity Name: VISTA SPECIAL SERVICES INC

Current Principal Place of Business:

10210 OLD HOOD WAY
JACKSONVILLE, FL 32257

New Principal Place of Business:

Current Mailing Address:

10210 OLD HOOD WAY
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 22-3934046 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: GJURAJ, VLASH
Address: 10210 OLD HOOD WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP ( ) Delete
Name: GJURAJ, AGE
Address: 10210 OLD HOOD WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: S ( ) Delete
Name: GJURAJ, GJYSTE
Address: 10210 OLD HOOD WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: TD ( ) Delete
Name: GJURAJ, GEORGE
Address: 10210 OLD HOOD WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: VP (X) Delete
Name: GJURAJ, VALENTIN
Address: 10210 OLD HOOD WAY
City-St-Zip: JACKSONVILLE, FL 32257

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: GJURAJ, GJERGJ
Address: 10210 OLD HOOD WAY
City-St-Zip: JACKSONVILLE, FL 32257

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: GJERGJ GJURAJ TD 03/10/2008

Electronic Signature of Signing Officer or Director — Date