


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 19 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P06000116341	
1. Entity Name VISION GENESIS, INC	

Principal Place of Business 5536 METROWEST BLVD SUITE 301 ORLANDO, FL 32811	Mailing Address 5536 METROWEST BLVD SUITE 301 ORLANDO, FL 32811
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2. Principal Place of Business - No P.O. Box # 8027 WELLSMERE Suite, Apt. #, etc.	3. Mailing Address 8027 WELLSMERE Suite, Apt. #, etc.
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City & State ORLANDO, FL	City & State ORLANDO, FL
Zip 32835	Country ORANGE



09072007 Chg-P CR2E034 (12/06)

4. FEI Number 20-5516674	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALLO, ANTHONY J 5536 METROWEST BLVD SUITE 301 ORLANDO, FL 32811	7. Name and Address of New Registered Agent Name ANTHONY GALLO Street Address (P.O. Box Number is Not Acceptable) 8027 WELLSMERE City ORLANDO FL Zip Code 32835
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D POMPONIO, MARK 5536 METROWEST BLVD SUITE 301 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600109872996 09/25/07--01013--003 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLO, ANTHONY J 5536 METROWEST BLVD SUITE 301 ORLANDO, FL 32811 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: MARK J. POMPONIO, CEO 9-14-07 727-452-8227  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9/7/07