

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000060671

Entity Name: VISION IS POWER, INC.

FILED  
Apr 16, 2012  
Secretary of State

**Current Principal Place of Business:**

456 BOUCHELLE DRIVE  
#102  
NEW SMYRNA BEACH, FL 32169

**New Principal Place of Business:**

**Current Mailing Address:**

31 BAYSIDE DRIVE  
PALM COAST, FL 32137

**New Mailing Address:**

FEI Number: 45-2665215

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ALLEN-JOHNSON, LYNN M  
456 BOUCHELLE DRIVE  
#102  
NEW SMYRNA BEACH, FL 32169 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

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: ALLEN-JOHNSON, LYNN M  
Address: 456 BOUCHELLE DRIVE, #102  
City-St-Zip: NEW SMYRA BEACH, FL 32169

Title: VP  
Name: ALLEN-JOHNSON, LYNN M  
Address: 456 BOUCHELLE DRIVE, #102  
City-St-Zip: NEW SMYRNA, FL 32169

Title: SEC  
Name: ALLEN-JOHNSON, LYNN M  
Address: 456 BOUCHELLE DRIVE, #102  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: TREA  
Name: ALLEN-JOHNSON, LYNN M  
Address: 456 BOUCHELLE DRIVE, #102  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby 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 all other like empowered.

SIGNATURE: LYNN ALLEN-JOHNSON

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PRES

04/16/2012

\_\_\_\_\_  
Date