

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P26728

FILED
Apr 30, 2007
Secretary of State

Entity Name: VISION FINANCIAL CORPORATION

Current Principal Place of Business:

17 CHURCH STREET
KEENE, NH 03431

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 506
KEENE, NH 03431

New Mailing Address:

FEI Number: 02-0430860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: PETTAPIECE, JAMES TR, IPP
Address: 17 CHURCH STREET
City-St-Zip: KEENE, NH 03431

Title: S () Delete
Name: LENTOCHA, THOMAS P
Address: 17 CHURCH STREET
City-St-Zip: KEENE, NH 03431

Title: VP () Delete
Name: MOONEY, BARBARA J
Address: 17 CHURCH STREET
City-St-Zip: KEENE, NH 03431

Title: VP () Delete
Name: BELL, CORINNE K
Address: 17 CHURCH STREET
City-St-Zip: KEENE, NH 03431

Title: D () Delete
Name: KELLY, WILLIAM A
Address: 3100 WEST END AVE, SUITE 940
City-St-Zip: NASHVILLE, TN 37203

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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: JAMES TRIPP PETTAPIECE

PD

04/30/2007

Electronic Signature of Signing Officer or Director

_____ Date