2007 FOR PROFIT CORPORATION

FILED May 21, 2007 8:00 am Secretary of State ANNUAL REPORT (AR) DOCUMENT # P93000011997 05-21-2007 90050 002 ***158.75 VISION BUILDERS OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address 992 N. TOWN & RIVER DR. FORT MYERS FL 33919 992 N. TOWN & RIVER DR. FORT MYEBS Et 33919 2. Principal Place of Business - No P.O. Box # 3. Mailing Address PO BOX 5758 Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-0383498 BRECKENRIDGE, CO Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MENDRICK, CHRISTOPHER 992 N TOWN: RIVER DR FORT MYERS EL 33919 Street Address (P.O. Box Number is Not Acceptable) Zip Code 9. 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 \$150.00 CD o 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DILE Change Delete TITLE ☐ Addition MENDRICK, CHRISTOPHER MENDRICK, CHRISTOPHER NAME NAME PO BOX 5758 992 N TOWN: RIVER DR STREET ADDRESS STREET ADORESS FORT MYERS FL 33919 CHY-SI-ZIP BRECKENRIDGE, CO CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ШЕ ☐ Change Addition Mast NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP TITLE Delete TETLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Change ☐ Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 eath; that if am an officer or director of the corporation or the receiver or trusteer employered 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 attaching with an address, with all other like empowered. SIGNATURE:

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119; Florida Statutes, I further certify that the information