2006 FOR PROFIT CORPORATION

Jan 23, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P93000012350 01-23-2006 90118 030 ***158.75 VISION ONE MANAGEMENT GROUP, INC. Principal Place of Business Mailing Address 6121 RIVERSHORE CT 6121 RIVERSHORE CT NORTH FORT MYERS, FL 33917 NORTH FORT MYERS, FL 33917 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Ant. #, etc. CR2E034 (11/05) 01132006 Chq-P Applied For City & State City & State 4. FEI Number 65-0407676 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOOLIHAN, THOMAS P JR. Street Address (P.O. Box Number is Not Acceptable) 6121 RIVERSHORE CT NORTH FORT MYERS, FL 33917 City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PΜ Delete TITLE □ Change ☐ Addition TITLE HOOLIHAN, THOMAS, P, JR NAME NAME STREET ADDRESS 6121 RIVERSHORE CT STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33917 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HOOLIHAN, KERREY NAME NAME 6121 RIVER SHORE COURT STREET ADORESS STREET ADDRESS CITY-ST-ZIP FORT MYERS, FL 33917 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

1606

☐ Change

☐ Addition

FILED