

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

APPROVAL  
05-02-2006 190224 043 \*\*\*150.00  
FILE 93000087886

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



1st MOORE CR2E034 (10/05)

<b>DOCUMENT # P93000087886</b> 1. Entity Name <b>VISTA COMMERCIAL PROPERTIES, INC.</b>					
Principal Place of Business <b>100 VISTA ROYALE BLVD. VERO BEACH FL 32962</b>			Mailing Address <b>C/O CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3219209</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;">FL</span> 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 the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-certifying) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>			9. Election Campaign Financing <b>\$5.00 May Be</b> Trust Fund Contribution <input type="checkbox"/> <b>Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KURTZ, JOHN C		NAME		
STREET ADDRESS	100 VISTA ROYALE BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	VERO BEACH FL 32962		CITY-STATE-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KOEHLER, KIRK		NAME		
STREET ADDRESS	100 VISTA ROYALE BLVD.		STREET ADDRESS		
CITY-STATE-ZIP	VERO BEACH FL 32962		CITY-STATE-ZIP		
TITLE	CD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SOLLINS, CHARLES D		NAME		
STREET ADDRESS	6300 PARK OF COMMERCE BLVD		STREET ADDRESS		
CITY-STATE-ZIP	BOCA RATON FL 33487		CITY-STATE-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FRIEDRICHSEN, JOHN B		NAME		
STREET ADDRESS	1140 BAY STREET		STREET ADDRESS		
CITY-STATE-ZIP	TORONTO ON M5S2B-4		CITY-STATE-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COOKE, DOUGLAS G		NAME	Treasurer Douglas G Cooke	
STREET ADDRESS	1140 BAY STREET		STREET ADDRESS	1140 Bay St.	
CITY-STATE-ZIP	TORONTO ON M5S2B-4		CITY-STATE-ZIP	Toronto, ON M5S2B4	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:			3/17/06 772-562-9031 <small>DATE DAYTIME PHONE #</small>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					