


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90301 028 ***150.00


DOCUMENT # P95000058579		
1. Entity Name VISION QUEST INVESTMENTS, INC.		

Principal Place of Business 1582 GULF BLVD #1304 CLEARWATER FL 33767	Mailing Address 1582 GULF BLVD #1304 CLEARWATER FL 33767
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2. Principal Place of Business 10628 PONTOFINO CIR	3. Mailing Address 10628 PONTOFINO CIR
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TRINITY, FL	City & State TRINITY, FL 34655
Zip 34655	Zip 34655
Country USA	Country USA

00042323

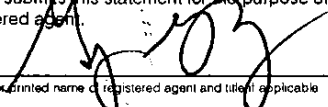


1st MOORE CR2E034 (10/04)

4. FEI Number 59-3328378	Applied For <input type="checkbox"/> Not Applicable
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6. Name and Address of Current Registered Agent HOUVAZDAS, TRIFON 1935 E. EDGEWOOD DR. BUILDING I CLEARWATER FL 33767		7. Name and Address of New Registered Agent Name GEORGE G. PAPPAS P.A. Street Address (P.O. Box Number is Not Acceptable) 901 N. HERCULES AVE SUITE C City CLEARWATER FL Zip Code 33765	
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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.

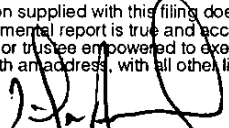
SIGNATURE  **GEORGE G. PAPPAS** DATE **4/18/05**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOUVARDAS, TRIFON 1582 GULF BLVD #1304 CLEARWATER FL 33767 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR TRIFON HOUVARDAS 10628 PONTOFINO CIR. TRINITY, FL. 34655 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOUVARDAS, PAUL E 1293 INDIAN ROCK RD SOUTH LARGO FL 33770 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DIRECTOR PAUL E. HOUVARDAS 3890 TARIAN CT. PALM HARBOR, FL. 34684 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOUVARDAS, ANTHONY 2516 TRAVEL PALM DR EDGEWATER FL 32141 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **4/18/05** **727-504-3313**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #