

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000085004

Entity Name: VISIONCOM, INC.

FILED  
Mar 24, 2006  
Secretary of State

## Current Principal Place of Business:

450 GENIUS DRIVE  
WINTER PARK, FL 32789

## New Principal Place of Business:

520 INTERLACHEN AVENUE  
WINTER PARK, FL 32789

## Current Mailing Address:

P.O. BOX 2929  
WINTER PARK, FL 32790 US

## New Mailing Address:

FEI Number: 59-3344243      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MALUGEN, CLARDY A  
450 GENIUS DRIVE  
WINTER PARK, FL 32789 US

## Name and Address of New Registered Agent:

MALUGEN, CLARDY A  
900 PENINSULA AVENUE  
NEW SMYRNA BEACH, FL 32169 US

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: CLARDY A. MALUGEN

03/24/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MALUGEN, CLARDY A  
Address: 450 GENIUS DRIVE  
City-St-Zip: WINTER PARK, FL 32789

Title: S ( ) Delete  
Name: MALUGEN, CLARDY A  
Address: 450 GENIUS DRIVE  
City-St-Zip: WINTER PARK, FL 32789

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MALUGEN, CLARDY A  
Address: 900 PENINSULA AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: S (X) Change ( ) Addition  
Name: MALUGEN, CLARDY A  
Address: 900 PENINSULA AVENUE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information supplied with this filing does not qualify for the 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: CLARDY A. MALUGEN

PRES

03/24/2006

Electronic Signature of Signing Officer or Director

Date