2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000012325

1. Entity Name

VISION COMPUTERS INCORPORATED

Feb 03, 2005 08:00 AM Secretary of State

FILED

Principal Place of Business

10750-13 ATLANTIC BOULEVARD DISCOVERY ZONE PLAZA JACKSONVILLE, FL 32225-2941 Mailing Address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10750-13 ATLANTIC BOULEVARD DISCOVERY ZONE PLAZA JACKSONVILLE, FL 32225-2941



DO NOT WRITE IN THIS SPACE

01182005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3361687

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BHAKTA, HITESH 13410 FOXHAVEN DR. S JACKSONVILLE, FL 32224

DO NOT WRITE IN THIS SPACE

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|--|---|---|---|
| The above named entity submits this statement for the obligations of registered agent. | the purpose of changing its registered off | ice or registered agent, or bo | oth, in the State of Florida. I am familiar with, and accept |
| SIGNATURE | | | |
| Signature, typed or printed name of registered agent | and title if applicable. (NOTE, Registered Agent | t signature required when reinstating) | DATE |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.0 | 9. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND | DIRECTORS | | |
| NAME BHAKTA, HITESH STREET ADDRESS 13410 FOXHAVEN DR S CITY-ST-ZIP JACKSONVILLE, FL | | | |
| TITLE VST NAME BHAKTA, ANJANA STREET ADDRESS 13410 FOXHAVEN DR S CITY-ST-ZIP JACKSONVILLE, FL | | | 02/03/05-80015-008 150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | IN | THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | |
| 12. I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee emp- changed, or on an attachment with an address, | this filing does not qualify for the exemptic true and accurate and that my signature s owered to execute this report as required b with all other like empowered. | on stated in Section 179,07(3 shall have the same legal effic by Chapter 607, Florida Statu | (ii), Florida Statutes, I further certify that the information ect as if made under oath, that I am an officer or director tes; and that my name appears in Block 10 or Block 11 if |