2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 25, 2006
Secretary of State

DOCUMENT# P98000032043

Entity Name: VISIONS ELECTRONICS, INC.

Current Principal Place of Business:

3660 HOWELL BRANCH CT.
WINTER PARK, FL 327921810

New Principal Place of Business:

1436 STATE RD. 436
SUITE # 1104
CASSELBERRY, FL 32707 US

Current Mailing Address:

3660 HOWELL BRANCH CT.
WINTER PARK, FL 32792

New Mailing Address:

1436 STATE RD. 436
SUITE # 1104
CASSELBERRY, FL 32707 US

FEI Number: 59-3518985 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GAVILANES, JUAN C
3660 HOWELL BRANCH CT.
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

GAVILANES, JUAN C
1436 STATE RD. 436
SUITE # 1104
CASSELBERRY, FL 32707 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: JUAN C. GAVILANES 08/25/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GAVILANES, JUAN C
Address: 3660 HOWELL BRANCH CT.
City-St-Zip: WINTER PARK, FL 32792

Title: VP ( ) Delete
Name: GAVILANES, BERNARDINO
Address: 3051 S. ATLANTIC AVE. #606
City-St-Zip: DAYTONA BEACH, FL 32118

Title: T (X) Delete
Name: GAVILANES, LUIS M
Address: 3787 MAPLE GROVE ST.
City-St-Zip: PORT ORANGE, FL 32119

Title: S (X) Delete
Name: GAVILANES, KHARINA
Address: 3660 HOWELL BRANCH CT.
City-St-Zip: WINTER PARK, FL 32792

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GAVILANES, JUAN C
Address: 1436 STATE RD. 436 SUITE # 1104
City-St-Zip: CASSELBERRY, FL 32707 US

Title: VP (X) Change ( ) Addition
Name: GAVILANES, KHARINA
Address: 1436 STATE RD. 436 SUITE # 1104
City-St-Zip: CASSELBERRY, FL 32707 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: JUAN C. GAVILANES P 08/25/2006
Electronic Signature of Signing Officer or Director Date