




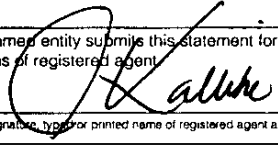
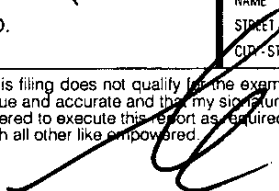
2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

PAGE FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000048170					
1. Entity Name VISTA PROPERTIES RENTALS AND SALES, INC.					
Principal Place of Business 100 VISTA ROYALE BOULEVARD VERO BEACH, FL 32962			Mailing Address 100 VISTA ROYALE BOULEVARD VERO BEACH, FL 32962 <i>chy</i>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 6300 PARK OF COMMERCE BLVD Suite, Apt. #, etc.			
City & State City: BOCA RATON, FL		City & State City: BOCA RATON, FL		4. FEI Number 65-0838523	
Zip 33487		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name: ANTHONY KALLICHE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 2950 N 28 TERRACE City: HOLLYWOOD FL 33020		
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: <i>[Signature]</i> 6/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KURTZ, JOHN C 100 VISTA ROYALE BOULEVARD VERO BEACH, FL 32962	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD SOLLINS, CHARLES D 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOEHLER, KIRK W 100 VISTA ROYALE BLVD. VERO BEACH, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHN, FRIEDRICHSEN 1140 BAY ST TORONTO, ON M5S2B4	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T COOKE, DOUGLAS G 1140 BAY STREET TORONTO, ON M5S2B4	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS WENDY, LANG 6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SOLLINS, CHARLES D 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS FRIEDRICHSEN, JOHN B 1140 BAY STREET, Suite 4000 TORONTO, ONTARIO M5S 2B4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AT COOKE DOUGLAS G 1140 BAY STREET, STE 4000 TORONTO, ONTARIO M5S 2B4	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T WENDY, LANG 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			8/2/07 561-989-5071 <small>Date Daytime Phone #</small>		

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PAGE 2 OF 2

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	04262007 Chg-P CR2E034 (12/06)	
4. FEI Number 65-0838523				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301			Name: ANTHONY KALLICHE, ESQUIRE Street Address (P.O. Box Number is Not Acceptable): 2950 N 28 TERRACE City: HOLLYWOOD FL Zip Code: 33020		
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD SOLLINS, CHARLES D 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ROSES, TOMAS 2950 N 28 TERRACE HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V KOEHLER, KIRK W 100 VISTA ROYALE BLVD. VERO BEACH, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CHRISTENSEN, STEVEN J. 2950 N 28 TERRACE HOLLYWOOD, FL 33020	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHN, FRIEDRICHSEN 1140 BAY ST TORONTO, ON M552B4	<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	T COOKE, DOUGLAS G 1140 BAY STREET TORONTO, ON M552B4	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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SIGNATURE: 			Date: 8/2/07 Daytime Phone #: 561-989-5071		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					