2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 28, 2007 8:00 am DOCUMENT # P99000000019 **Secretary of State** 1. Entity Name 03-28-2007 90018 033 ***158.75 VISION2K, INC. Principal Place of Business Mailing Address 20588 180 ST LIVE OAK FL 32060 20588 180 ST LIVE OAK FL 32060 2. Principal Place of Business - No P.O. Box # 3. Mailing Address /26/5 233^{1-cl} 5+ Suite, Apt. #, etc. 12615 2335d Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) 4. FEI Number 59-3548860 City & State City & State Applied For LIVE DAK LIVE DAK. Not Applicable FIORIDA Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 32060 32060 Suwannee Suwannec 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SNIPES, J P SNIPES Street Address (P.O. Box Number is Not Acceptable) 20588 180 ST LIVE OAK FL 32060 LIVE DAK 32060 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. (NCTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. **PSTD** mir BHE Delete -enange Addition SNIPES, J P SNIPES, J. PAUL 20588 18045+ NAME NAMI' 20588 180 ST STREET ADDRESS STREET ADORESS LIVE OAK FL 32060 CITY-ST-7IP CITY - ST - ZIP LINC DAK, Fl. 32060 THILE ☐ Delete TITLE -emange ☐ Addition SNIPES, SHAWN P SNIPES, SHAWN P. NAME 36 ARROW TR 36 ARROW TRACE STREET ADDRESS STREET ADDRESS HAVANA FL 32333 CITY-ST-7IP CITY - ST- 7IP HAUANA, FL. 32333 PISITIA THE ☐ Delete TITLE □ Change ☐ Addition NAME SNIPES, ERIC A NAME ERIC A. SNIPES STREET ADDRESS 12615 233RD ST STREET ADDRESS 12615 233 Ed ST. LIVE OAK FL 32060 CITY-ST-ZIP CITY - ST - ZIP LIVE OAK, FL. 32060 ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 offect as if made under eath; 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.

FILED