
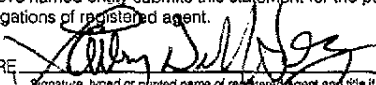
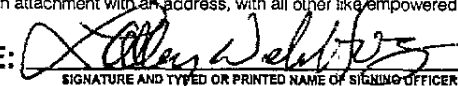


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P99000050499		
1. Entity Name VISION INTERNATIONAL UNIVERSITY OF THEOLOGY OF FLORIDA, INC.		
Principal Place of Business 8180 NW 36TH ST SUITE 420 MIAMI, FL 33166	Mailing Address 8180 NW 36TH ST SUITE 420 MIAMI, FL 33166	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DE LA HOZ, ALLEN 8180 NW 36TH ST SUITE 420 MIAMI, FL 33166		DO NOT WRITE IN THIS SPACE
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:  (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		1000000408429 02/08/06-80096-025 150.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DE LA HOZ, L. ALLEN 4027 BARRINGTON SAN ANTONIO, TX 78217	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Jan. 23, 2006 (210) 599 0420 Date Daytime Phone #



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0925233	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

CK-#10421