



2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90172 036 ***150.00

DOCUMENT # S19590			
1. Entity Name VISTA SATELLITE COMMUNICATIONS, INC.			
Principal Place of Business 1560 SAWGRASS CORP PKWY SUITE #230 SUNRISE, FL 33323 US		Mailing Address 1560 SAWGRASS CORP PKWY SUITE #230 SUNRISE, FL 33323 US	
2. Principal Place of Business		3. Mailing Address 9900 Stirling Road	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 303	
City & State		City & State Hollywood, FL	
Zip	Country	Zip	Country
33024	USA	33024	USA
6. Name and Address of Current Registered Agent LEIMER, ROY J C/O VISTA SATELLITE 1560 SAWGRASS CORP PKWY #230 SUNRISE, FL 33323		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 9900 Stirling Road, Suite 303 City Hollywood FL Zip Code 33024	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	
NAME	LIEMER, ROY	NAME	
STREET ADDRESS	1560 SAWGRASS CORP PKWY #230	STREET ADDRESS	9900 Stirling Road, Suite 303
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP	Hollywood, FL 33024
TITLE	VPD	TITLE	
NAME	LIEMER, GERI	NAME	
STREET ADDRESS	1560 SAWGRASS CORP PKWY #230	STREET ADDRESS	9900 Stirling Road, Suite 303
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP	Hollywood, FL 33024
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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: 		Date: 4-17-06 954-838-0900	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Date/Time Phone #	
Roy Liemer President			