

**2004 FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Aug 03, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S50650</b> 1. Entity Name VISION'S EDGE, INC.		
Principal Place of Business 2709 ALLEN ROAD TALLAHASSEE, FL 32312 US		Mailing Address 2709 ALLEN ROAD TALLAHASSEE, FL 32312 US
<b>DO NOT WRITE IN THIS SPACE</b>		
		07212004 No Chg-P CR2E034 (10/03)
4. FEI Number 59-3065419		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  VIKER, DACQUES 3502 LIMERICK DR TALLAHASSEE, FL 32308		
		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rotating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPC VIKER, DACQUES 3502 LIMERICK DR TALLAHASSEE, FL	<b>DO NOT WRITE IN THIS SPACE</b>
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>8/2/04</u> Daytime Phone # <u>850-386-9573</u>