

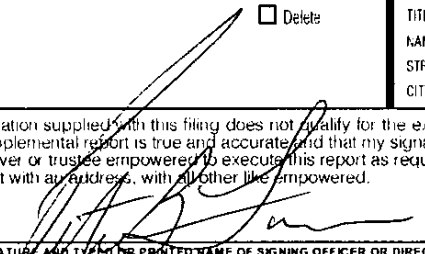


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90218 039 ***150.00

DOCUMENT # V51856 1. Entity Name VISTA GALLERIES, INC.																																															
Principal Place of Business 1620 HERCULES AVE., UNIT B CLEARWATER, FL 33765			Mailing Address 1620 HERCULES AVE., UNIT B CLEARWATER, FL 33765																																												
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																													
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3132960 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>																																											
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																															
6. Name and Address of Current Registered Agent FAHOOME, BONNIE 1705 S CLEARWATER LARGO RD CLEARWATER, FL 34616																																															
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code																																															
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, name, and address of agent and signed and filed by _____ DATE _____</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																																													
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="3" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="3" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="width: 55%; padding: 2px;"> PD FAHOOME, BONNIE 1620 N HERCULES AVE UNIT B CLEARWATER, FL 33765 <input type="checkbox"/> Delete </td> <td style="width: 15%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="width: 55%; padding: 2px;"></td> <td style="width: 15%; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"> VP LOWES, PETER <i>Hercules</i> 1620 N HERCULES AVE UNIT B CLEARWATER, FL 33765 <input type="checkbox"/> Delete </td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> <tr> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> <td style="padding: 2px;">TITLE NAME STREET ADDRESS CITY ST ZIP</td> <td style="padding: 2px;"></td> <td style="padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </td> </tr> </table>						10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			TITLE NAME STREET ADDRESS CITY ST ZIP	PD FAHOOME, BONNIE 1620 N HERCULES AVE UNIT B CLEARWATER, FL 33765 <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	VP LOWES, PETER <i>Hercules</i> 1620 N HERCULES AVE UNIT B CLEARWATER, FL 33765 <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			TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																																												
TITLE NAME STREET ADDRESS CITY ST ZIP	PD FAHOOME, BONNIE 1620 N HERCULES AVE UNIT B CLEARWATER, FL 33765 <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	VP LOWES, PETER <i>Hercules</i> 1620 N HERCULES AVE UNIT B CLEARWATER, FL 33765 <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			TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition																																										
TITLE NAME STREET ADDRESS CITY ST ZIP			TITLE NAME STREET ADDRESS CITY ST ZIP		<input 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: X  4-18-06 727-246-0798 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																															