


FILED
Apr 24, 2006 8:00 am
Secretary of State

04-24-2006 90367 034 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J39791
 1. Entity Name
 VISIONS CONSTRUCTION CORP.



Principal Place of Business 1255 S MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442 US	Mailing Address 1255 S MILITARY TRAIL SUITE 200 DEERFIELD BEACH, FL 33442 US
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01052006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2737160	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 WALDMAN, ANA MARIA ROIG
 1255 S MILITARY TRAIL
 SUITE 200
 DEERFIELD BEACH, FL 33442

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD WALDMAN, ANA MARIA ROIG 1255 S MILITARY TRAIL, Suite 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WALDMAN, ANDREW C. 1255 S MILITARY TRAIL, Suite 200 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: *A.M. Waldman, Pres.* **A.M. Waldman, Pres.** 04/20/06 (954) 426-2600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #