


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # NO2000003487**  
 1. Entity Name  
**THE VISUAL HISTORY & LEARNING PROJECT, INC.**



Principal Place of Business      Mailing Address  
**325 EXEC CENTER DRIVE #A-104**      **325 EXEC CENTER DRIVE #A-104**  
**WEST PALM BEACH, FL 33401**      **WEST PALM BEACH, FL 33401**



04212006 No Chg-NP      CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**37-1429731**      Not Applicable

5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JORDAN, JOAN**  
**325 EXEC CENTER DRIVE #A-104**  
**WEST PALM BEACH, FL 33401**

**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: *Joan Jordan*      DATE: 4/21/06  
Signature typed or printed name of registered agent and date if applicable.      NOTE: Registered Agent signature required when necessary.

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	JORDAN, JOAN
STREET ADDRESS	325 EXEC CENTER DRIVE #A-104
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	SHEPARD, GAY
STREET ADDRESS	325 EXEC CENTER DRIVE #B114
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	WACHTER, KUNIGUNDE
STREET ADDRESS	325 EXEC CENTER DRIVE #A-104
CITY-STATE-ZIP	WEST PALM BEACH, FL 33401
TITLE	D
NAME	MILLER, LARRY
STREET ADDRESS	187 SNEDEN PLACE
CITY-STATE-ZIP	SPRING VALLEY, NY 10977
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE IN THIS SPACE**

100000362403  
 05/19/06-80054-024 61.25

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 617, 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 empowerments.

SIGNATURE: *Joan Jordan*      DATE: 4/21/06      561-632-3739  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Daytime Phone #