


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # P950000968,15**

1. Entity Name  
**VISUALS, INC.**



Principal Place of Business      Mailing Address

2193 N POWERLINE RD      10450 NW 49TH PLACE  
 #1      CORAL SPRINGS, FL 33076    US  
 POMPANO BEACH, FL 33069    US

**DO NOT WRITE IN THIS SPACE**



03212005    No Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-0631980</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**SHMOKLER, ROBERT**  
 10450 NW 49TH PLACE  
 CORAL SPRINGS, FL 33076

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when identifying)      DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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	ST <b>SHMOKLER, ROBERT</b> 10450 NW 49TH PL CORAL SPRINGS, FL 33076
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <b>KIESERMAN, DEBRA</b> 10450 NW 49TH PL CORAL SPRINGS, FL 33076
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 03/24/05-80028-015 150.00

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: *Robert L. Shmoker*    **Robert L. Shmoker**    3-22-05    954-969-9727

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Cell or Home #