

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2006 8:00 am**  
**Secretary of State**

02-14-2006 90001 041 \*\*\*150.00

**60015184**



01152006 Chg-P CR2E034 (11/05)

<b>DOCUMENT # 486040</b> 1. Entity Name <b>VISIONARY TECHNOLOGIES, INC.</b>					
Principal Place of Business <b>6220 ALMOND TERRACE PLANTATION, FL 33317-2500</b>			Mailing Address <b>6220 ALMOND TERRACE PLANTATION, FL 33317-2500</b>		
2. Principal Place of Business <b>1801 NW 75th Ave #107 Plantation, FL 33313</b>		3. Mailing Address <b>1801 NW 75th Ave #107 Plantation, FL 33313</b>			
City & State <b>Plantation, FL</b>		City & State <b>Plantation, FL</b>			
Zip <b>33313</b>		Zip <b>33313</b>		Country <b>USA</b>	
Country <b>USA</b>		4. FEI Number <b>59-1621854</b>			
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent <b>METRAUX, FRANCOIS D 6220 ALMOND TERR. PLANTATION, FL 33317</b>			7. Name and Address of New Registered Agent <b>1801 NW 75th Ave #107 Plantation, FL 33313</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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD METRAUX, FRANCOIS D 6220 ALMOND TERR. PLANTATION, FL 333172500	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1801 NW 75th Ave #107 Plantation, FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDV METRAUX, GINGER C 6220 ALMOND TERRACE PLANTATION, FL 333172500	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1801 NW 75th Ave #107 Plantation, FL 33313</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____
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.					
<b>SIGNATURE:</b> <u><i>F.D. Lh</i></u> <u>2/11/2006</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date</small>					
<small>Daytime Phone #</small>					