2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 05, 2007 8:00 am Secretary of State **DOCUMENT #486040** 02-05-2007 90082 039 ***150.00 VISIONARY TECHNOLOGIES, INC. Principal Place of Business Mailing Address 1801 NW 75TH AVE 107 1801 NW 75TH AVE 107 PLANTATION, FL 33313 PLANTATION, FL 33313 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. 4910 Sweetbay Way Suite, Apt. 1910 Sweetbay Way 02012007 Chg-P CR2E034 (12/06) сіу & Hollywood, FI 33019-4892 Applied For 4, FEI Number Hollywood, FI 33019-4892 59-1621854 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent METRAUX, FRANÇOIS D Street Address (P.O. Box Number is Not Acceptable) 1801 NW 75TH AVE 107 1910 Sweetbay Way PLANTATION, FL 33313 Hollywood, FI 33019-4892 City 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. Lam familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable INOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PTD Change : Addition TITLE ☐ Delete TITLE 1910 Sweetbay Way METRAUX, FRANÇOIS D NAME NAME STREET ADDRESS 1801 NW 75TH AVE 107 STREET ADDRESS Hollywood, FI 33019-4892 PLANTATION, FL 33313 CITY-ST-ZIP CITY-ST-ZIP SDV Change TITLE ☐ Delete ☐ Addition TITLE 1910 Sweetbay Way NAME METRAUX, GINGER C NAME 1801 NW 75TH AVE 107 STREET ADDRESS Hollywood, FI 33019-4892 STREET ADDRESS PLANTATION, FL 33313 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS City-St-ZiP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

1/31/200

FILED