


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 767657</b> 1. Entity Name <b>THE VISUAL COMMUNICATIONS GROUP, INC.</b>	
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Principal Place of Business <b>2121 N. BAYSHORE DRIVE, SUITE 1105 MIAMI, FL 33137</b>	Mailing Address <b>2121 N. BAYSHORE DRIVE, SUITE 1105 MIAMI, FL 33137</b>
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**DO NOT WRITE IN THIS SPACE**



04212008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2423965</b>	Applied For <input type="checkbox"/> 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  <b>AMMONS, HERBERT 2121 N. BAYSHORE DR., STE 1105 MIAMI, FL 33137</b>	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>U00000927293 05/20/08-90101-008 61.25</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD KIDD, GLADYS 2121 N BAYSHORE DR STE 1105 MIAMI, FL 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD MORRIS, URAL 650 NE 64 STREET APT G408 MIAMI, FL 33138</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD AMMONS, HERBERT JR 2121 N BAYSHORE DR #1105 MIAMI, FL 33137</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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 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 empowered.

**SIGNATURE:**  **Herbert Ammons** **4/22/08 3055732049**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #