2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

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Entity Name: VISIONARY INTEGRATION PROFESSIONALS, INC.

Current Principal Place of Business:

160 BLUE RAVINE RD, STE D
FOLSOM, CA 95630

New Principal Place of Business:

80 IRON POINT CIRCLE
100
FOLSOM, CA 95630

Current Mailing Address:

160 BLUE RAVINE RD, STE D
FOLSOM, CA 95630

New Mailing Address:

80 IRON POINT CIRCLE
100
FOLSOM, CA 95630

FEI Number: 68-0375591 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
526 EAST PARK AVE.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: WARD, JONNA
Address: 2488 HIGHLAND HILLS DRIVE
City-St-Zip: EL DORADO HILLS, CA 95762

Title: V ( ) Delete
Name: WARD, ROGER
Address: 2488 HIGHLAND HILLS DRIVE
City-St-Zip: EL DORADO HILLS, CA 95762

Title: D (X) Delete
Name: JUARISTI, VINCE
Address: 7526 COXTON COURT, UNIT F
City-St-Zip: ALEXANDRIA, VA 22306

Title: D (X) Delete
Name: CARPENTER, STEPHEN A
Address: 2485 SANDPIPER WAY
City-St-Zip: CAMERON PARK, CA 95682

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JONNA A. WARD P 04/27/2004

Electronic Signature of Signing Officer or Director — Date