


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000001937**  
1. Entity Name  
VISARA INTERNATIONAL, INC.



Principal Place of Business  
6833 MT. HERMAN ROAD  
MORRISVILLE, NC 27560-9261

Mailing Address  
PO BOX 90576  
RALEIGH, NC 27675



01062005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
43-1950056

Applied For  
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
DEVEYDT, ERNIE  
8770 SUNSET DRIVE, #520  
MIAMI, FL 33173

**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 re-registering)

**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	P MATTHEWS, JAMES T 6833 MT. HERMAN ROAD MORRISVILLE, NC 275609261
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MATTHEWS, DOUGLAS G 320 N. JENSEN VESTAL, NY 13850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD MATTHEWS, JOHN W 320 N. JENSEN VESTAL, NY 13850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUCAS, ROGER 6833 MT. HERMAN RD. VESTAL, NY 13850
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000182930  
01/19/05-80049-002 150.00

**DO NOT WRITE  
IN THIS SPACE**

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: Roger Lucas Roger Lucas, Asst Sec. 1/6/05 919-882-0220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #