

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 22, 2007 08:00 AM
Secretary of State

DOCUMENT # F04000000459

1. Entity Name
3D VIRTUAL SOLUTIONS CORP.



Principal Place of Business
**9200 BONITA BEACH ROAD
210
BONITA SPRINGS, FL 34135**

Mailing Address
**9200 BONITA BEACH ROAD
210
BONITA SPRINGS, FL 34135**



01122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
98-0415168

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

000000596739
01/24/07-800008-010 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
BOUCHER, MARTIN
2685 ROLLAND STREET #300
STE-ADELE QC J8B 1C9 CANADA,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DPS
PILON, DANIEL
2685 ROLLAND STREET #300
STE-ADELE QC J8B 1C9 CANADA,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D/V
D'Aoust, CLIFFORD
2685 ROLLAND STREET #300
STE-ADELE QC J8B 1C9 CANADA,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Pilon

01/14/2007

888-411-4124

Date

Daytime Phone