## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F04000003085

Entity Name: THE VISUALIZATION GROUP, INC.

FILED Jan 04, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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5333 S.W. 75 STREET #FF-183 5333 S.W. 75 STREET

GAINESVILLE, FL 32608 FF-183

GAINESVILLE, FL 32608 US

Current Mailing Address: New Mailing Address:

5333 S.W. 75 STREET #FF-183 5333 S.W. 75 STREET

GAINESVILLE, FL 32608 FF-183

GAINESVILLE, FL 32608 US

FEI Number: 16-1699234 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEEGAN, TIMOTHY P CPA
7003 SW 83 TERR
DEEGAN, TIMOTHY P
9200 NW 36TH PLACE

9200 N.W. 38TH PLACE #A #A
GAINESVILLE, FL 32608 US GAINESVILLE, FL 32608 US

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: TIMOTHY P DEEGAN 01/04/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C ( ) Delete Title: P,VP (X) Change ( ) Addition

Name: PLUMB, BEN Name: PLUMB, BEN

 Address:
 5333 S.W. 75 STREET #FF-183
 Address:
 5333 S.W. 75 STREET #FF-183

 City-St-Zip:
 GAINESVILLE, FL 32608 US

Title: Title: (X) Change ( ) Addition () Delete TIMOTHY P. DEEGAN C, PA JIMENEZ, JORGE Name: Name: 3730 SW 141 AVE 9200 NW 36TH PLACE Address: Address: MIAMI, FL 33175 GAINESVILLE, FL 32606 US City-St-Zip: City-St-Zip:

Title: V (X) Delete Title: ( ) Change ( ) Addition

 Name:
 PLUMB, SANDY
 Name:

 Address:
 5333 S.W. 75 STREET #FF-183
 Address:

 City-St-Zip:
 GAINESVILLE, FL 32608
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: TIMOTHY P. DEEGAN CPA D 01/04/2006