


FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90055 001 ***150.00
08-08-2005 90055 002 *****8.95

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

| | |
|---|---|
| DOCUMENT # F04 000006050 |  |
| 1. Entity Name VISIONStorm Productions Incorporated (Vision Creations) | |

DO NOT WRITE IN THIS SPACE

66025512

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 19 N. Blvd of the Presidents Suite, Apt. #, etc. 468 | | 3. Mailing Address PO. Box 236 Suite, Apt. #, etc. | |
| City & State Sarasota, FL | | City & State Kagawala, HI | |
| Zip 34236 | Country USA | Zip 96730 | Country USA |

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|------------------------------------|--------------------------------------|
| 4. FEI Number 46-0513012 | Applied For Not Applicable |
|------------------------------------|--------------------------------------|

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|---|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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| DO NOT WRITE IN THIS SPACE | 7. Name and Address of Current Registered Agent | |
| | Name Sheila Davis | |
| | Street Address (P.O. Box Number is Not Acceptable) 5886 Lantern Ct | |
| | City Sarasota | Zip Code FL 34243 |

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.
NA NA

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) **DATE** _____

| | |
|---|---|
| January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|

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|---|---|---|-----------------------------------|
| 10. OFFICERS AND DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/T/S/D Sheila Davis 5886 Lantern Ct. Sarasota, FL 34243 | 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sheila Davis * 7/29/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

Sheila Davis
PO Box 236
Kaaawa, HI 96730


06025512
F04000006050

July 29, 2005

Dear Florida Department of State,

The business filed in Florida, VisionCreations (VisionStorm Productions Incorporated, FEI: 46-0513012) was not active until after May 1, 2005, and I therefore have included \$150.00 as the fee for 2005.

Thank you,


Sheila Davis