

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005536

FILED
Jan 08, 2008
Secretary of State

Entity Name: VISUAL BENEFITS TECHNOLOGIES, INC.

Current Principal Place of Business:

1040 FUZZY'S WAY
GREENSBORO, GA 30642

New Principal Place of Business:

Current Mailing Address:

1040 FUZZY'S WAY
GREENSBORO, GA 30642

New Mailing Address:

FEI Number: 58-2243505

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDREWS, W.J.
15500 EMERALD COAST PARWAY
PH5
DESTIN, FL 32541 US

Name and Address of New Registered Agent:

ANDREWS, W.J.
15500 EMERALD COAST PARWAY
806
DESTIN, FL 32541 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: W.J. ANDREWS

01/08/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PC () Delete
Name: ANDREWS, KEVIN
Address: 1011 OAK VALLEY
City-St-Zip: GREENSBORO, GA 30642

Title: VC () Delete
Name: ANDREWS, CHERYL
Address: 1040 FUZZY'S WAY
City-St-Zip: GREENSBORO, GA 30642

Title: ST () Delete
Name: ANDREWS, W.J.
Address: 15500 EMERALD COAST PKWY. PH5
City-St-Zip: DESTIN, FL 32541

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PC (X) Change () Addition
Name: ANDREWS, KEVIN
Address: 9075 BEDFORD WAY
City-St-Zip: SUWANEE, GA 30024

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

Title: ST (X) Change () Addition
Name: ANDREWS, W.J.
Address: 15500 EMERALD COAST PKWY. 806
City-St-Zip: DESTIN, FL 32541

I hereby certify that the information supplied with this filing does not qualify 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: W.J. ANDREWS

ST

01/08/2008

Electronic Signature of Signing Officer or Director

Date