


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90043 003 ***150.00

DOCUMENT # F06000004057

1. Entity Name
VISIENT, INC.



Principal Place of Business
**401 INTERSTATE BLVD
 SARASOTA, FL 34240**

Mailing Address
**401 INTERSTATE BLVD
 SARASOTA, FL 34240**

40067724



2. Principal Place of Business - No P.O. Box #
325 Interstate Blvd.

3. Mailing Address
325 Interstate Blvd

Suite, Apt. #, etc.

02012008 Chg-P CR2E034 (12/06)

City & State
Sarasota FL

City & State
Sarasota, FL

Zip
34240 Country
USA

Zip
34240 Country
USA

4. FEI Number
20-4883450

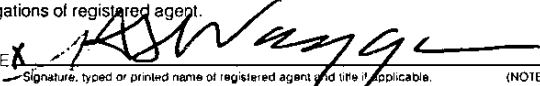
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**PARACORP INCORPORATED
 236 E 6TH AVE
 TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent
 Name
Harold S. Waggoner
 Street Address (P.O. Box Number is Not Acceptable)
325 Interstate Blvd
 City
Sarasota FL Zip Code
34240

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  **Harold S. Waggoner** **4-8-08**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAGGONER, HAROLD S 401 INTERSTATE BLVD SARASOTA, FL 34240 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Waggoner, Harold S. 325 Interstate Blvd. Sarasota, FL 34240 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD LUNTZ, IRA 401 INTERSTATE BLVD SARASOTA, FL 34240 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS RIDLEY, MICHAEL P 5000 CAMPUS DR NEWPORT BEACH, CA 92660 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  **Harold S. Waggoner** **4-8-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #