## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # F99000003458

1. Entity Name

VISUAL ONE SYSTEMS, CORP.



FILED
May 08, 2006 08:00 A
Secretary of State

Principal Place of Business

7361 CALHOUN PLACE

STE 301

ROCK VILLE, MD 20855

Mailing Address

7361 CALHOUN PLACE

STE 301

ROCK VILLE, MD 20855



## DO NOT WRITE IN THIS SPACE

05012006 No Chg-P CR2E034 (11/05)

4. FEI Number 52-1137964

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WILHELM, GREGORY L 131 SOUTH LAKE TRIPLET DRIVE CASSELBERRY, FL 32707

## DO NOT WRITE IN THIS SPACE

				114	ITIIO 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					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		Election Campaign Finar Trust Fund Contribution.	ocing	\$5.00 May Be Added to Fees	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT CP BURROUGHS, DAVID B 7361 CALHOUN PLACE STE 301 ROCKVILLE, MD 20855	TORS			U00000563557 05/20/06-80018-007 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP				•	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN <sup>2</sup>	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	····.				
TITLE .		•			

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 empoyered 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.

BURKOUGHS

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

4/30/2001

301-926-2500

Daytime Phone #