

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G12562

Entity Name: ILLUSIONS UMLIMITED, INC.

**FILED**  
**Mar 21, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

661 BEVILLE RD.  
SUITE 120  
SOUTH DAYTONA, FL 32119

**New Principal Place of Business:**

**Current Mailing Address:**

661 BEVILLE RD.  
SUITE 120  
SOUTH DAYTONA, FL 32119

**New Mailing Address:**

FEI Number: 59-2243386

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DANIELLE COBB  
528 SANDY OAKS BLVD.  
ORMOND BEACH, FL 32174 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HEWITT LORRAINE  
Address: 661 BEVILLE RD. #120  
City-St-Zip: SO. DAYTONA, FL 32119

Title: STD  
Name: COBB, DANIELLE  
Address: 661 BEVILLE RD. #120  
City-St-Zip: SO. DAYTONA, FL 32119

I hereby 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 all other like empowered.

SIGNATURE: DANIELLE COBB

STD

03/21/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date