


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90379 013 \*\*\*158.75

|  |   |
|--|---|
| <b>DOCUMENT # H47184</b><br>1. Entity Name<br>VISUALLY UNIQUE ARTS, INC. |  |
|--|---|

|   |   |
|---|---|
| Principal Place of Business<br>1862 WEST MIDWAY RD<br>FT PIERCE, FL 34981 | Mailing Address<br>1862 WEST MIDWAY RD<br>FT PIERCE, FL 34981 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



04122005 No Chg-P CR2E034 (10/03)

|                                  |  |
|----------------------------------|--|
| 4. FEI Number<br>59-2500504      | Applied For<br>Not Applicable                                      |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

RUSSELL, DORRAN  
 1862 WEST MIDWAY ROAD  
 FORT PIERCE, FL 34981

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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 \_\_\_\_\_ DATE 12 APR 05

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

| 10. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | P<br>RUSSELL, DORRAN<br>1862 WEST MIDWAY RD<br>FORT PIERCE, FL 34981         |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | V.P<br>Ana Alejandra Russell<br>1862 West Midway Rd<br>Fort Pierce, FL 34981 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Date 12 APR 05 Daytime Phone # 772-465-1113

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR