


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 25, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # H47184 1. Entity Name VISUALLY UNIQUE ARTS, INC.	
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Principal Place of Business C/O DORRAN RUSSELL 1862 WEST MIDWAY RD. FT PIERCE, FL 34981	Mailing Address C/O DORRAN RUSSELL 1862 WEST MIDWAY RD. FT PIERCE, FL 34981
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**DO NOT WRITE IN THIS SPACE**



04212007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE IN THIS 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 \_\_\_\_\_ DATE \_\_\_\_\_  
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, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSSELL, DORRAN 1862 WEST MIDWAY RD FORT PIERCE, FL 34981
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RUSSELL, ANA ALEJANDRA 1862 WEST MIDWAY RD FORT PIERCE, FL 34981
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 05/08/07-80011-024 150.00

**DO NOT WRITE IN THIS SPACE**

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: Dorran Russell DORRAN RUSSELL 20 APRIL 07 772-940-1169  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #