2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# H47184

Entity Name: VISUALLY UNIQUE ARTS, INC.

Current Principal Place of Business:

C/O DORRAN RUSSELL
1862 WEST MIDWAY RD.
FT PIERCE, FL 34981

New Principal Place of Business:

Current Mailing Address:

C/O DORRAN RUSSELL
1862 WEST MIDWAY RD.
FT PIERCE, FL 34981

New Mailing Address:

FEI Number: 59-2500504 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: RUSSELL, DORRAN
Address: 1862 WEST MIDWAY RD
City-St-Zip: FORT PIERCE, FL 34981

Title: VP ( ) Delete
Name: RUSSELL, ANA ALEJANDRA
Address: 1862 WEST MIDWAY RD
City-St-Zip: FORT PIERCE, FL 34981

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: DORRAN RUSSELL P 04/30/2008

Electronic Signature of Signing Officer or Director Date