Jan 09 07 10:14a Genine @ RH Harris

FILED
Jan 18, 2007 8:00 am
Secretary of State
01-18-2007 90100 010 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # J04736

1. Entity Name
VISUAL IDEAS INC. OF FLORIDA

600003317

Principal Place of Business
4320 NW 101ST DR
CORAL SPRINGS, FL 33065

Mailing Address
4320 NW 101ST DR
CORAL SPRINGS, FL 33065

01092007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #
7023 CAVIRO LANE
Suite, Apt. #, etc.
City & State
BOYNTON BEACH FL
Zip 33437 Country US

3. Mailing Address
7023 CAVIRO LANE
Suite, Apt. #, etc.
City & State
BOYNTON BEACH FL
Zip 33437 Country US

4. FEI Number 59-2663881 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
KRAVITZ, DIANA
4320 NW 101ST DRIVE
CORAL SPRINGS, FL 33065

7. Name and Address of New Registered Agent
Name DIANA KRAVITZ
Street Address (P.O. Box Number is Not Acceptable)
7023 CAVIRO LANE
City BOYNTON BEACH FL Zip Code 33437

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 ______ Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE: PD NAME: KRAVITZ, DIANA STREET ADDRESS: 4320 NW 101ST DR CITY-ST-ZIP: CORAL SPRINGS, FL	☐ Delete	TITLE: NAME: STREET ADDRESS: 7023 CAVIRO LANE CITY-ST-ZIP: BOYNTON BEACH FL 33437	☒ Change ☐ Addition
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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: ______ DIANA KRAVITZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #