

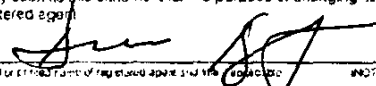
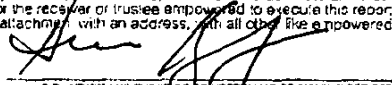
Jan 09 07 10:14a

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			
Principal Place of Business 4320 NW 101ST DR CORAL SPRINGS, FL 33065		Mailing Address 4320 NW 101ST DR CORAL SPRINGS, FL 33065	
2. Principal Place of Business - No P.O. Box # 7023 CAVIRO LANE		3. Mailing Address 7023 CAVIRO LANE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State BOYNTON BEACH FL		City & State BOYNTON BEACH FL	
Zip 33437	Country US	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  DATE _____ Signature should be of the current or new registered agent and not the corporation. (NOTE: Registered Agent's address required in above handwriting)			
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 N 11	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD KRAVITZ, DIANA 4320 NW 101ST DR CORAL SPRINGS, FL ☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☒ Change ☐ Addition 7023 CAVIRO LANE BOYNTON BEACH FL 33437
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
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 files empowered.			
SIGNATURE: 		DIANA KRAVITZ	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: _____	

60005517