2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000082335

Entity Name: VISUAL IDENTITIES LLC

FILED Apr 30, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

899 MOONLUSTER DR 215 PINEDA ST CASSELBERRY, FL 32707 US SUITE 137

LONGWOOD, FL 32750 US

Current Mailing Address: New Mailing Address:

899 MOONLUSTER DR 215 PINEDA ST

CASSELBERRY, FL 32707 US SUITE 137

LONGWOOD, FL 32750 US

FEI Number: 26-3264716 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BARTLETT, VIRGINIA

899 MOONLUSTER DR.

215 PINEDA ST

CASSELBERRY, FL 32707 US SUITE 137 LONGWOOD, FL 32750 US

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: VIRGINIA BARTLETT 04/30/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: BARTLETT, VIRGINIA S BARTLETT, VIRGINIA S

Name:BARTLETT, VIRGINIA SName:BARTLETT, VIRGINIA SAddress:899 MOONLUSTER DR.Address:215 PINEDA ST, SUITE 137City-St-Zip:CASSELBERRY, FL 32707 USCity-St-Zip:LONGWOOD, FL 32750 US

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: BARTLETT, THOMAS N BARTLETT, THOMAS N

Name: BARTLETT, THOMAS N
Address: 899 MOONLUSTER DR.
City-St-Zip: CASSELBERRY, FL 32707 US

Name: BARTLETT, THOMAS N
Address: 215 PINEDA ST, SUITE 137
City-St-Zip: LONGWOOD, FL 32750 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: VIRGINIA BARTLETT MGRM 04/30/2009