
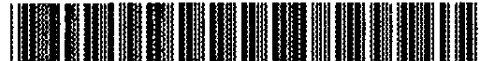


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 09, 2007 08:00 AM**  
**Secretary of State**

|  |  |
|--|--|
| <b>DOCUMENT # N02000003487</b>   |  |
| 1. Entity Name<br><b>THE VISUAL HISTORY &amp; LEARNING PROJECT, INC.</b>                         |  |
|                 |  |
| Principal Place of Business<br><b>325 EXEC CENTER DRIVE #A-104<br/>WEST PALM BEACH, FL 33401</b> | Mailing Address<br><b>325 EXEC CENTER DRIVE #A-104<br/>WEST PALM BEACH, FL 33401</b> |



04022007 No Chg-NP CR2E037 (4/06)

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|   |  |
|---|--|
| 4. FEI Number<br><b>37-1429731</b>                        | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$8.75 Additional Fee Required</b>                  |

**6. Name and Address of Current Registered Agent**

**JORDAN, JOAN  
325 EXEC CENTER DRIVE #A-104  
WEST PALM BEACH, FL 33401**

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not in office.) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

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

**10. OFFICERS AND DIRECTORS**

|  |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>JORDAN, JOAN<br>325 EXEC CENTER DRIVE #A-104<br>WEST PALM BEACH, FL 33401       |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>SHEPARD, GAY<br>325 EXEC CENTER DRIVE #B114<br>WEST PALM BEACH, FL 33401        |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>WACHTER, KUNIGUNDE<br>325 EXEC CENTER DRIVE #A-104<br>WEST PALM BEACH, FL 33401 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP | D<br>MILLER, LARRY<br>187 SNEDEN PLACE<br>SPRING VALLEY, NY 10977                    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST- ZIP |  |

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04/17/07-80008-002 61.25

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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 617, 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:** Joan Jordan  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/07 561-632-3739  
Date Signature Phone #