2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008
Secretary of State

DOCUMENT# N06000000431

Entity Name: VISIONS OF IMAGES, INCORPORATED

Current Principal Place of Business:

4630 SW 26TH STREET
WEST PARK, FL 33023

New Principal Place of Business:

Current Mailing Address:

4630 SW 26TH STREET
WEST PARK, FL 33023

New Mailing Address:

FEI Number: 20-4127858 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRUNSON, FELICIA M
4040 SW 27TH STREET
WEST PARK, FL 33023 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

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	BRUNSON, BARBARA	
Address:	4630 SW 26TH STREET	
City-St-Zip:	WEST PARK, FL 33023	
Title:	D	( ) Delete
Name:	OUTLER, GAYE	
Address:	2700 SW 46TH AVE	
City-St-Zip:	WEST PARK, FL 33023	
Title:	D	( ) Delete
Name:	HARDY, CAROLYN	
Address:	4430 SW 18TH STREET	
City-St-Zip:	WEST PARK, FL 33023	
Title:	D	( ) Delete
Name:	SHULER, PAMELA	
Address:	1835 NW 190TH TERRACE	
City-St-Zip:	MIAMI, FL 33056	
Title:	D	( ) Delete
Name:	BELL, JOHNNY	
Address:	5545 MAYO STREET	
City-St-Zip:	HOLLYWOOD, FL 33021	
Title:	P	( ) Delete
Name:	BRUNSON, FELICIA	
Address:	4040 SW 27TH STREET	
City-St-Zip:	WEST PARK, FL 33023	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FELICIA M. BRUNSON PRES 04/30/2008

Electronic Signature of Signing Officer or Director — Date