

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000000431

FILED  
Jan 07, 2010  
Secretary of State

**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  
**Name:** HARDY, CAROLYN  
**Address:** 4430 SW 18TH STREET  
**City-St-Zip:** WEST PARK, FL 33023

**Title:** D  
**Name:** SHULER, PAMELA  
**Address:** 1835 NW 190TH TERRACE  
**City-St-Zip:** MIAMI, FL 33056

**Title:** D  
**Name:** BELL, JOHNNIE  
**Address:** 5545 MAYO STREET  
**City-St-Zip:** HOLLYWOOD, FL 33020

**Title:** P  
**Name:** BRUNSON, FELICIA  
**Address:** 4040 SW 27TH STREET  
**City-St-Zip:** WEST PARK, FL 33023

**Title:** D  
**Name:** ROSE, HENRY  
**Address:** 11590 SW 9TH COURT  
**City-St-Zip:** PEMBROKE PINES, FL 33025

I hereby 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 all other like empowered.

**SIGNATURE:** FELICIA BRUNSON

PRES

01/07/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date