2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N98000000491

Entity Name: VISIONARY ALTERNATIVES, INC.

FILED May 05, 2003 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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20913 ST ANDREWS BLVD 7725 KENWAY PLACE EAST BOCA RATON, FL 33433

BOCA RATON, FL 33433

Current Mailing Address: New Mailing Address:

20913 ST ANDREWS BLVD 7725 KENWAY PLACE EAST BOCA RATON, FL 33433

BOCA RATON, FL 3343

FEI Number: 65-0824469 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:

TOBAL, JANE PRES
20913 ST ANDREWS BLVD
52
BOCA RATON, FL 33433

TOBAL, JANE PRES
7725 KENWAY PLACE EAST
BOCA RATON, FL 33433

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: 05/05/2003

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 PD
 () Delete
 Title:
 PD
 (X) Change () Addition

 Name:
 TOBAL, JANE
 Name:
 TOBAL, JANE

 Address:
 20913 ST ANDREWS BLVD # 52
 Address:
 7725 KENWAY PLACE EAST

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip:
 BOCA RATON, FL 33433

Title: D () Delete Title: () Change () Addition

 Name:
 GRAY, LEILA
 Name:

 Address:
 1500 ARGYLE DRIVE
 Address:

 City-St-Zip:
 FT. LAUDERDALE, FL 33312
 City-St-Zip:

Title: D () Delete Title: () Change () Addition

 Name:
 SNYDER, SAM DR.
 Name:

 Address:
 1150 N 35 AVENUE
 Address:

 City-St-Zip:
 HOLLYWOOD, FL 33022
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: JANE TOBAL PD 05/05/2003