

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2007 8:00 am
Secretary of State

02-16-2007 90035 024 ***150.00

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1. Entity Name
D.C. VISAGE ENTERPRISES, INC.



Principal Place of Business
**8331 YELLOW LN.
 TALLAHASSEE, FL 32311**

Mailing Address
**8331 YELLOW LN.
 TALLAHASSEE, FL 32311**

40010100



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02072007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
59-3620961

Applied For
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75** Additional Fee Required

-6- Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VISAGE, DENNIS C
 8331 YELLOW LN.
 TALLAHASSEE, FL 32311**

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **PV VISAGE, DENNIS C** Delete
 STREET ADDRESS **9331 YELLOW LN**
 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE
 NAME **PV DENNIS C. VISAGE** Change Addition
 STREET ADDRESS **8331 yellow lane**
 CITY-ST-ZIP **TALL. FL. 32311**

TITLE
 NAME **TS VISAGE, PAMELA A** Delete
 STREET ADDRESS **9331 YELLOW LN**
 CITY-ST-ZIP **TALLAHASSEE, FL 32311**

TITLE
 NAME **TS VISAGE, PAMELA** Change Addition
 STREET ADDRESS **8331 yellow lane**
 CITY-ST-ZIP **TALL. FL 32311**

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
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TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME Change Addition
 STREET ADDRESS
 CITY-ST-ZIP

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 607, 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: *Dennis C. Visage*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/07
 Date

850-933-5073
 Daytime Phone #