

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90137 046 ***150.00

DOCUMENT # P00000071246 1. Entity Name VISUAL IMPACT MEDIA, INC.					
Principal Place of Business 9178 HIGHLAND RIDGE WAY TAMPA, FL 33647			Mailing Address 9178 HIGHLAND RIDGE WAY TAMPA, FL 33647		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3678424	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent GOLDSTEIN, BRUCE S 500 E. KENNEDY BLVD STE 101-A TAMPA, FL 33602				7. Name and Address of New Registered Agent 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 STREET ADDRESS CITY-ST-ZIP	S KRATZ, STEVEN MR. 19003 SILVERBROOK DR. TAMPA, FL 33647	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROMANER, HARRIS MR. 9178 HIGHLAND RIDGE WAY TAMPA, FL 33647	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KRATZ, RHONDA MS. 19003 SILVERBROOK DR. TAMPA, FL 33647	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROMANER, AUDREY MS. 9178 HIGHLAND RIDGE WAY TAMPA, FL 33647	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Delete			
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: <u>Audrey Romaner</u> Audrey Romaner					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date 4/2/07 Daytime Phone # 813-907-8304	