


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2006 8:00 am
Secretary of State

03-21-2006 90014 025 ***150.00

DOCUMENT # P01000025767		
1. Entity Name VIDEO HEAT OF SAVANNAH, INC.		

Principal Place of Business 815 EYRIE DR STE #2 OVIEDO, FL 32765	Mailing Address P.O. BOX 622094 OVIEDO, FL 32762
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2. Principal Place of Business 8112 White Bluff Rd	3. Mailing Address
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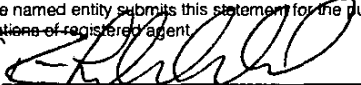
Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State SAVANNAH, GA	City & State
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Zip 31406-3406	Country USA	Zip	Country
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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PURCELL, CHAD 815 EYRIE DR STE #2 OVIEDO, FL 32765	Name Richard Lehmkuhl Street Address (P.O. Box Number is Not Acceptable) 2380 Pine Meadows City Chuluota FL Zip Code 32766
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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 	DATE 3/10/06

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEHMKUHL, RICHARD 2380 PINE MEADOWS PL CHULUOTA, FL 32766 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PURCELL, CHAD 815 EYRIE DR #2 OVIEDO, FL 32765 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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.	
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SIGNATURE: 	3/6/06 407-359-8632
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #