2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000110734

1. Entity Name
VISUAL INTERIOR INC.

Principal Place of Business	Mailing Address
157 COOPER CT. ORLANDO, FL 32835	157 COOPER CT. ORLANDO, FL 32835

DO NOT WRITE IN THIS SPACE

04172007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
59-3756940	Not Applicable

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

6. Name and Address of Current Registered Agent

HOILETTA, LIONEL
157 COOPER COURT
ORLANDO, FL 32835

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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 _____

Signature, typed or printed name of registered agent and title if applicable   (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

TITLE	P
NAME	HOILETTE, LIONEL
STREET ADDRESS	157 COOPER COURT
CITY-ST-ZIP	ORLANDO, FL 32835

TITLE	
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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: _Lionel Hoilette President 4/19/07   407-451-1212_
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #