


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 09, 2006 8:00 am
Secretary of State


03-09-2006 90163 023 ***150.00

DOCUMENT # P01000112522 1. Entity Name VISIONARY STUDIO, INC.	
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Principal Place of Business 6101 JETPORT IND BLVD TAMPA, FL 33634	Mailing Address 8735 N WICK PL TAMPA, FL 33604-2305 6101 Jetport Ind'l Blvd Tampa, FL 33634
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DO NOT WRITE IN THIS SPACE

40027604



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3759582	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RIEDEL, ADRIANA
8735 N WICK PL
TAMPA, FL 33604-2305

**DO NOT WRITE
IN THIS SPACE**

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: Adriana Riedel-Adriana Riedel 2/17/06
(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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RIEDEL, ROGER 8735 N WICK PL TAMPA, FL 33604
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RIEDEL, ADRIANA 8735 N. WICK PL TAMPA, FL 33604
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IN THIS SPACE**

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: Adriana Riedel-Adriana Riedel 2/17/06 (813) 901-0523
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #