

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000068707

FILED
Apr 04, 2005
Secretary of State

Entity Name: VISIONARY ART CONCEPTS.COM, INC.

Current Principal Place of Business:

2275 S. FEDERAL HWY SUITE 130
DELRAY BEACH, FL 33483

New Principal Place of Business:

3240 DELRAY BAY DR.
614
DELRAY BEACH, FL 33483

Current Mailing Address:

2275 S. FEDERAL HWY SUITE 130
DELRAY BEACH, FL 33483

New Mailing Address:

3135 SOUTH FEDERAL HWY
511
DELRAY BEACH, FL 33483

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEONE, RACHELIA
2275 S. FEDERAL HWY SUITE 130
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

VISIONARY AT CONCEPTS
3135 SOUTH FEDERAL HWY
511
DELRAY BEACH, FL 33483 US

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.

SIGNATURE: RACHELIA LEONE

04/04/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: LEONE, RACHELIA
Address: 2275 S. FEDERAL HWY SUITE 130
City-St-Zip: DELRAY BEACH, FL 33483

Title: V () Delete
Name: LEONE, MARIA
Address: 2275 S. FEDERAL HWY SUITE 130
City-St-Zip: DELRAY BEACH, FL 33483

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VISIONARY ART CONCEP, TS
Address: 3135 SOUTH FEDERAL HWY 511
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: T (X) Change () Addition
Name: VISIONART ART CONCEP, TS
Address: 3135 SOUTH FEDERAL HWY 511
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VP () Change (X) Addition
Name: VISIONARY ART CONCEP, TS
Address: 3135 SOUTH FEDERAL HWY
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RACHELIA LEONE

P

04/04/2005

Electronic Signature of Signing Officer or Director

Date