

# 2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000068707

Entity Name: VISIONARY ART CONCEPTS.COM, INC.

FILED  
Apr 25, 2005  
Secretary of State

## Current Principal Place of Business:

3240 DELRAY BAY DR.  
614  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

## Current Mailing Address:

3135 SOUTH FEDERAL HWY  
511  
DELRAY BEACH, FL 33483

## New Mailing Address:

FEI Number: 65-0221643

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

VISIONARY ART 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

04/25/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change ( ) Addition  
Name: LEONE, RAQUELIA  
Address: 3135 SOUTH FEDERAL HWY 511  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: TREA (X) Change ( ) Addition  
Name: JOHN, COLAMARA  
Address: 3135 SOUTH FEDERAL HWY 511  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: VICE (X) Change ( ) Addition  
Name: LEONE, JULIUS  
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

PRES

04/25/2005

Electronic Signature of Signing Officer or Director

Date