


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 06, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000117310</b>	
1. Entity Name VIVIDYNE CORPORATION	

Principal Place of Business 8413 LAUREL FAIR CIRCLE, STE. 100 TAMPA, FL 33610	Mailing Address 8413 LAUREL FAIR CIRCLE, STE. 100 TAMPA, FL 33610
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DO NOT WRITE IN THIS SPACE



01042006 No Chg-P CR2E034 (11/05)

4. FEI Number 11-3659702	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  HAUGHEY, R.J. 100 S. ASHLEY DR. TAMPA, FL 33602
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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 01/09/06
<small>Signature typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEARSON, GLENN 8413 LAUREL FAIR CIR, SUITE 100 TAMPA, FL 33610
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FILA, IAN 8413 LAUREL FAIR CIR, SUITE 100 TAMPA, FL 33610
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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: 	Date 1/4/06	Daytime Phone # 813-630-1017
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>