

**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2007 8:00 am**  
**Secretary of State**

02-14-2007 90051 041 \*\*\*158.75

**DOCUMENT # P02000117310**

1. Entity Name  
**VIVIDYNE CORPORATION**



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

40010100



02062007 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**HAUGHEY, R.J.  
 100 S. ASHLEY DR.  
 TAMPA, FL 33602**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
 After May 1, 2007 Fee will be \$550.00**

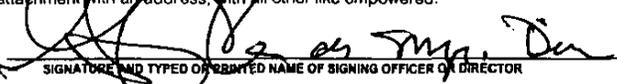
9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P PEARSON, GLENN 8413 LAUREL FAIR CIR, SUITE 100 TAMPA, FL 33610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP FILA, IAN 8413 LAUREL FAIR CIR, SUITE 100 TAMPA, FL 33610</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:  **2/8/07** **813-630-1017**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #