

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

ATX1

DOCUMENT # P03000082094			
1. Entity Name			
VISUALITY IPLACEMENT, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
146 S END ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
ST. AUGUSTINE, FL			
Zip	Country	Zip	Country
32095-6819	ST JOHNS		
		4. FEI Number	Applied For
		66-2384109	Not Applicable
		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name			
GOLDSTEIN, SHIRLEY			
Street Address (P.O. Box Number is Not Acceptable)			
146 S END ST			
City		FL	Zip Code
ST. AUGUSTINE			32095
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			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25			
Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Added to Fees	
Trust Fund Contribution. <input type="checkbox"/>			
10. OFFICERS AND DIRECTORS		11.	
TITLE	D	TITLE	
NAME	GOLDSTEIN, SHIRLEY	NAME	
STREET ADDRESS	146 S 3ND ST	STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32095	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify 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 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 807, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE Shirley Goldstein		1/17/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	
		904 819-9073	
		Daytime Phone #	