

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000095784

FILED
Mar 31, 2004
Secretary of State

Entity Name: VISUAL ENVIRONMENTS, INC.

Current Principal Place of Business:

11983 TAMIAMI TRAIL NORTH
106
NAPLES, FL 34109

New Principal Place of Business:

2758 FOUNTAIN VIEW CIR
208
NAPLES, FL 34109

Current Mailing Address:

11983 TAMIAMI TRAIL NORTH
106
NAPLES, FL 34109

New Mailing Address:

2758 FOUNTAIN VIEW CIR
208
NAPLES, FL 34109

FEI Number: 90-0125871

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, MICHAEL
23426 OLDE MEADOWBROOK CIRCLE
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

WATTS, CHAD
2758 FOUNTAIN VIEW CIR
208
NAPLES, FL 34109 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: CHAD WATTS

03/31/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WATTS, CHAD
Address: 2758 FOUNTAINVIEW CIRCLE, UNIT 208
City-St-Zip: NAPLES, FL 34109

Title: VP (X) Delete
Name: MILLER, MICHAEL
Address: 23426 OLDE MEADOWBROOK CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T (X) Delete
Name: MILLER, MICHAEL
Address: 23426 OLDE MEADOWBROOK CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SEC. (X) Delete
Name: MILLER, MICHAEL
Address: 23426 OLDE MEADOWBROOK CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CHAD WATTS

P

03/31/2004

Electronic Signature of Signing Officer or Director

Date