2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2006
Secretary of State

DOCUMENT# P04000021323

Entity Name: VISIOCOM, INC.

Current Principal Place of Business:

128 VIA D'ESTE
606
DELRAY BEACH, FL 33445

New Principal Place of Business:

900 CAMELLIA DR.
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

128 VIA D'ESTE
606
DELRAY BEACH, FL 33445

New Mailing Address:

900 CAMELLIA DR.
ROYAL PALM BEACH, FL 33411

FEI Number: 20-0675488 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVID M. BECKERMAN, P.A.
7000 WEST PALMETTO PARK ROAD
SUITE 500
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: LLENZA, JUAN
Address: 128 VIA D'ESTE 606
City-St-Zip: DELRAY BEACH, FL 33445

Title: VP ( ) Delete
Name: CASSIDY, AMANDA
Address: 128 VIA D'ESTE 606
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LLENZA, JUAN
Address: 900 CAMELLIA DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: VP (X) Change ( ) Addition
Name: CASSIDY, AMANDA
Address: 900 CAMELLIA DR.
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JUAN LLENZA P 05/05/2006

Electronic Signature of Signing Officer or Director — Date