


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000075088 1. Entity Name VISIONARY MILLIONAIRES, INC.						06 OCT 31 2006 11:29	
Principal Place of Business 1662 SW ATROS BLVD PORT ST. LUCIE, FL 34984				Mailing Address 97-10 37TH AVE CORONA, NY 11368			
2. Principal Place of Business Suite, Apt. #, etc				3. Mailing Address Suite, Apt. #, etc			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent JACKSON, BYRON L 1662 SW ATROS BLVD PORT ST. LUCIE, FL 34984				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City			
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.				4. FEI Number 16-1701257			
SIGNATURE: <i>Byron Jackson</i> BYRON JACKSON				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
DATE: 10-26-06				Applied For <input type="checkbox"/> Not Applicable			
FILE NOW!!! FEE IS \$150.00 After January 1, 2007, Fee will be \$300.00				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:			
TITLE: PT <input type="checkbox"/> Delete NAME: JACKSON, BYRON L STREET ADDRESS: 97-10 37TH AVE CITY-ST-ZIP: CORONA, NY 11368				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: 200081387922 STREET ADDRESS: 10/31/06--01049--017 CITY-ST-ZIP: **150.00			
TITLE: VS <input type="checkbox"/> Delete NAME: JACKSON, MAVIS M STREET ADDRESS: 97-10 37TH AVE CITY-ST-ZIP: CORONA, NY 11368				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: D <input type="checkbox"/> Delete NAME: JACKSON, BYRON L STREET ADDRESS: 97-10 37TH AVE CITY-ST-ZIP: CORONA, NY 11368				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
TITLE: <input type="checkbox"/> Delete NAME: STREET ADDRESS: CITY-ST-ZIP:				TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-ST-ZIP:			
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: <i>Byron Jackson</i> BYRON L. JACKSON				DATE: 10/26/06			
DAYTIME PHONE: 347-693-3086				SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			