


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Sep 07, 2005 8:00 am**  
**Secretary of State**

05-04-2005 90174 012 \*\*\*150.00

<b>DOCUMENT # P04000110156</b>		
1. Entity Name <b>ETHNIC VISUALS OF ENRICHMENT, INCORPORATED</b>		

Principal Place of Business <b>9873 LAWRENCE ROAD APT. A-206 APT. A-206 BOYNTON BEACH, FL 33436 US</b>	Mailing Address <b>9873 LAWRENCE ROAD APT. A-206 APT. A-206 BOYNTON BEACH, FL 33436 US</b>
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**66026961**



2. Principal Place of Business <b>2048 Watson Way APT. D Tallahassee, FL 32308 USA</b>	3. Mailing Address <b>P.O. Box 21378 Tallahassee, FL 32310 USA</b>
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09012005 Chg-P CR2E034 (10/03)

4. FEI Number <b>201439310</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		
6. Name and Address of Current Registered Agent <b>GRIFFIN, KANISHA S 9873 LAWRENCE ROAD APT. A-206 BOYNTON BEACH, FL 33436</b>		7. Name and Address of New Registered Agent Name <b>Kanisha S. Griffin</b> Street Address (P.O. Box Number is Not Acceptable) <b>6101 Sandy Bank Terrace</b> City <b>Riviera Beach</b> FL Zip Code <b>33407</b>

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 *Kanisha S. Griffin* DATE 8/31/05

Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRES TAYLOR, JIMMEAL N 2048 WATSON WAY APT. D TALLAHASSEE, FL 33404</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP MOSS, ANITRA L 4440 LAKE LUCERNE CIRCLE WEST PALM BEACH, FL 33409</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SEC SPIRES, RANDIESHA 19 SOUTHERN CROSS CIRCLE BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA GRIFFIN, KANISHA 9873 LAWRENCE RD. APT. A-206 BOYNTON BEACH, FL 33436</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREA Griffin, Kanisha 6101 Sandy Bank Terrace Riviera Beach, FL 33407</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: *Jimmeal N Taylor* DATE 9/1/05 (850) 284-8194

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR