

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000101597

Entity Name: VIDEO ARTS SYSTEMS, INC.

FILED  
Jul 02, 2007  
Secretary of State

## Current Principal Place of Business:

1650 MEDICAL LANE  
SUITE 4  
FORT MYERS, FL 33907 US

## New Principal Place of Business:

## Current Mailing Address:

1650 MEDICAL LANE  
SUITE 4  
FORT MYERS, FL 33907 US

## New Mailing Address:

FEI Number: 20-3305222      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SKERRETT, RICARDO  
4625 PALM BEACH BLVD.  
FORT MYERS, FL 33905 US

## Name and Address of New Registered Agent:

MEUSSNER, DAVID F MR.  
1650 MEDICAL LANE  
SUITE 4  
FORT MYERS, FL 33907 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: DAVID F. MEUSSNER

07/02/2007

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: MEUSSNER, BARBARA  
Address: 838 SW 56TH ST  
City-St-Zip: CAPE CORAL, FL 33914 US

Title: D (X) Delete  
Name: ESQUIVEL, ENRIQUE  
Address: 1650 MEDICAL LN S 4  
City-St-Zip: FORT MYERS, FL 33907 US

Title: D (X) Delete  
Name: CAMPOS, MELISSA  
Address: 1650 MEDICAL LN  
City-St-Zip: FORT MYERS, FL 33907 US

Title: D ( ) Delete  
Name: MEUSSNER, DAVID  
Address: 1650 MEDICAL LN S 4  
City-St-Zip: FORT MYERS, FL 33907 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: MEUSSNER, BARBARA  
Address: 838 SW 56TH ST  
City-St-Zip: CAPE CORAL, FL 33914 US

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

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

Title: DP (X) Change ( ) Addition  
Name: MEUSSNER, DAVID  
Address: 1650 MEDICAL LN S 4  
City-St-Zip: FORT MYERS, FL 33907 US

I hereby certify that the information supplied with this filing does not qualify 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: DAVID MEUSSNER

P

07/02/2007

Electronic Signature of Signing Officer or Director

Date