

2006 FOR PROFIT CORPORATION ANNUAL REPORT




FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90016 016 ***550.00

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07032006 Chg-P CR2E034 (11/05)

DOCUMENT # P05000136981					
1. Entity Name VIEW MAKERS, INC.					
Principal Place of Business 13830 SCHARBER RD. DADE CITY, FL 33525		Mailing Address 13830 SCHARBER RD. DADE CITY, FL 33525			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 55-0906578	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SCHRADER, JERRY 33010 MCMULLEN DR. ST. LEO, FL 33574			Name J. Dennis Mobley Street Address (P.O. Box Number is Not Acceptable) 13830 Scharber Rd. City Dade City FL Zip Code 33525		
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 			7/25/06		
Signature, typed or printed name of registered agent and title if applicable			(NOTE: Registered Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOBLEY, J. DENNIS	NAME			
STREET ADDRESS	13830 SCHARBER RD.	STREET ADDRESS			
CITY-ST-ZIP	DADE CITY, FL 33525	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RILEY, JIMMY	NAME			
STREET ADDRESS	13027 NEWGENT RD.	STREET ADDRESS			
CITY-ST-ZIP	SAN ANTONIO, FL 33576	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SCHRADER, JERRY	NAME			
STREET ADDRESS	33010 MCMULLEN DR.	STREET ADDRESS			
CITY-ST-ZIP	ST. LEO, FL 33574	CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		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: 			7/25/06		352/588-3387
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #