2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000154140

Entity Name: FLORIDA VISUAL DISPLAY PRODUCTS, INC.

FILED Feb 02, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1418 E SEMORAN BLVD STE 103 1428 E SEMORAN BLVD APOPKA, FL 32703

SUITE 103

APOPKA, FL 32703

Current Mailing Address: New Mailing Address:

PO BOX 1360 APOPKA, FL 32704

FEI Number: 20-4308825 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

PARKER, JOHN A PARKER, JOHN A

1418 E SEMORAN BLVD STE 105 1428 E SEMORAN BLVD STE 103 APOPKA, FL 32703 APOPKA, FL 32703

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: JACK PARKER 02/02/2009

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition

PARKER, JOHN A PARKER, JOHN A Name: Name:

1418 E SEMORAN BLVD STE 119 1428 E SEMORAN BLVD STE 103 Address: Address:

APOPKA, FL 32703 City-St-Zip: APOPKA, FL 32703 City-St-Zip:

Title: Title: () Delete () Change () Addition

Name: PARKER, STEPHEN Name: 443 LANARKSHIRE PL Address: Address: APOPKA, FL 32712 City-St-Zip: City-St-Zip:

() Delete Title: Title: () Change () Addition

HAINES, WILLIAM C Name: Name: 1923 LEXINGTON PL Address: Address: City-St-Zip: TARPON SPRINGS, FL 34689 City-St-Zip:

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: JACK PARKER 02/02/2009 D