

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90236 039 \*\*\*158.75

<b>DOCUMENT # P06000074441</b> 1. Entity Name <b>VISIONARY INVESTMENTS OF N FL INC</b>					
Principal Place of Business <b>3906 MISSION DR</b> <b>2</b> <b>JACKSONVILLE, FL 32217</b>			Mailing Address <b>3906 MISSION DR</b> <b>2</b> <b>JACKSONVILLE, FL 32217</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BUSINESS CREDIT CAPITAL SERVICES INC</b> <b>3906 MISSION DR</b> <b>2</b> <b>JACKSONVILLE, FL 32217</b>				7. Name and Address of New Registered Agent Name <b>Demond Shepard</b> Street Address (P.O. Box Number is Not Acceptable) <b>3906 mission Drive unit 2</b> City <b>Jacksonville, FL</b> Zip Code <b>32217</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 <span style="float: right;">04/19/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <b>SHEPARD, DEMOND L</b> <b>3906 MISSION DR #2</b> <b>JACKSONVILLE, FL 32217</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Chief Executive Officer</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>Demond L Shepard</b> <b>3906 mission Drive unit 2</b> <b>Jacksonville, FL 32217</b>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>Chief Financial Officer</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Chihai J. Hardy</b> <b>3902 Howe Ave Apt 4</b> <b>Edison, NJ 08837</b>	
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	
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 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:			04/19/07 <span style="float: right;">4102128714</span> <small>Date Daytime Phone #</small>		