

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

07 NOV -5 PM 5:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000078834

1. Entity Name
VISUAL EXPECTATIONS, INC.



Principal Place of Business
3901 W STATE RD 84, UNIT #108
DAVIE, FL 33312

Mailing Address
3901 W STATE RD 84, UNIT #108
DAVIE, FL 33312

2. Principal Place of Business - No P.O. Box #
4630 S.W. 75TH WAY

3. Mailing Address
4630 S.W. 75TH WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
DAVIE, FLORIDA

City & State
DAVIE, FLORIDA

Zip Country
33314 USA

Zip Country
33314 USA

10232007 Chg-P CR2E034 (12/06)

4. FEI Number
20-5103914

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KILMON, QUEST K
3901 W STATE RD 84, UNIT #108
DAVIE, FL 33312

7. Name and Address of New Registered Agent

Name
KILMON, QUEST K.
Street Address (P.O. Box Number is Not Acceptable)
4630 S.W. 75TH WAY
City DAVIE FL Zip Code 33314

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: [Signature], REGISTERED AGENT 11-01-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME SPD
KILMON, QUEST K ☐ Delete
STREET ADDRESS 3901 W STATE ROAD 84, UNIT 108
CITY-ST-ZIP DAVIE, FL 33312

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME SPD ☒ Change ☐ Addition
KILMON, QUEST K.
STREET ADDRESS 4630 S.W. 75TH WAY
CITY-ST-ZIP DAVIE, FL 33314

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 100112140291
CITY-ST-ZIP 11/09/07--01004--009 **\$1.25

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
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: [Signature] PRESIDENT 11-01-07 (786) 299-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #