

2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P07000110462

FILED
Nov 05, 2009
Secretary of State

Entity Name: VISUAL ENHANCEMENTS INC

Current Principal Place of Business:

7910 CITRUS BLOSSOM DR
LAND O LAKES, FL 34637

New Principal Place of Business:

25052 WINSLOW WAY
LAND O LAKES, FL 34639

Current Mailing Address:

7910 CITRUS BLOSSOM DR
LAND O LAKES, FL 34637

New Mailing Address:

25052 WINSLOW WAY
LAND O LAKES, FL 34639

FEI Number: 14-2009042

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARDINY, RAYMOND M
7910 CITRUS BLOSSOM DR
LAND O LAKES, FL 34637 US

Name and Address of New Registered Agent:

PARDINY, RAYMOND M
25052 WINSLOW WAY
LAND O LAKES, FL 34639 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: RAYMOND M PARDINY

11/05/2009

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: PARDINY, RAYMOND M
Address: 7910 CITRUS BLOSSOM DR
City-St-Zip: LAND O LAKES, FL 34637

Title: P () Delete
Name: LAZAR, CHRISTOPHER A
Address: 7101 KENDALL HEATH WAY
City-St-Zip: LAND O LAKES, FL 34637

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PARDINY, RAYMOND M
Address: 25052 WINSLOW WAY
City-St-Zip: LAND O LAKES, FL 34639

Title: () Change () Addition
Name:
Address:
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: CHRISTOPHER A LAZAR

P

11/05/2009

Electronic Signature of Signing Officer or Director

Date