


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90241 028 \*\*\*150.00

<b>DOCUMENT # P07000117280</b>	
1. Entity Name VISION IMAGING PRODUCTS, INC.	

Principal Place of Business 11826 SHIRE WYCLIFFE CT TAMPA, FL 33626	Mailing Address 11826 SHIRE WYCLIFFE CT TAMPA, FL 33626
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2. Principal Place of Business - No P.O. Box # 13046 Racetrack Rd. #249	3. Mailing Address 13046 Racetrack Rd. #249
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State Tampa, Florida	City & State Tampa, Florida
Zip 33626	Country

	
04182008	Chg-P CR2E034 (12/06)
4. FEI Number 26-1491436	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent ENOS, ADRIANA 11826 SHIRE WYCLIFFE CT TAMPA, FL 33626	
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7. Name and Address of New Registered Agent	
Name Mejia, Adriana	
Street Address (P.O. Box Number is Not Acceptable)	
13046 Racetrack Rd. #249	
City Tampa	FL Zip Code 33626

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENOS, ADRIANA 11826 SHIRE WYCLIFFE CT TAMPA, FL 33626 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mejia, Adriana 13046 Racetrack Rd. #249 Tampa, FL 33626 <input checked="" 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
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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:** Adriana Mejia 4/25/08 813-792-8080  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #