2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P36229

1. Entity Name
AUDIO VISUAL IMAGINEERING, INC.

Principal Place of Business	Mailing Address
8440 TRADEPORT DRIVE SUITE 109 ORLANDO, FL 32827 US	8440 TRADEPORT DRIVE SUITE 109 ORLANDO, FL 32827 US

DO NOT WRITE IN THIS SPACE

01092007   No Chg-P   CR2E034 (11/05)

4. FEI Number	Applied For
54-1157582	Not Applicable

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

6. Name and Address of Current Registered Agent

CFRA LLC
CORPORATE CENTER THREE AT INT'L PLAZA
4221 W. BOY SCOUT BLVD, 10TH FLOOR
TAMPA, FL 33607-5736

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P	
NAME	DAVIS, WARD	
STREET ADDRESS	5912 COVE DR.	
CITY-ST-ZIP	ORLANDO, FL 32812	
TITLE	ST	
NAME	YOUNG, JOANNE	
STREET ADDRESS	10768 S TROPICAL TRL	
CITY-ST-ZIP	MERRITT ISLAND, FL	

U00000636076
02/26/07-80002-005 150.00

DO NOT WRITE IN THIS SPACE

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: _Joanne Young_   2/12/07 407-851-8166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #