


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90498 028 ***150.00

DOCUMENT # P96000010902		
1. Entity Name VISAGES, INC.		

20053823



01292005 Chg-P CR2E034 (10/03)

Principal Place of Business 3355 BEARSS AVENUE TAMPA, FL 33618 US	Mailing Address 16528 N. Dale Mabry Hwy 3355 BEARSS AVENUE TAMPA, FL 33618 US
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2. Principal Place of Business 10206 Rubury Place Suite, Apt. #, etc.	3. Mailing Address 16528 N. Dale Mabry Hwy Suite, Apt. #, etc.
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City & State Tampa, FL	City & State Tampa, FL	4. FEI Number 59-3358208	Applied For <input type="checkbox"/> Not Applicable
Zip 33626	Country	Zip 33618	Country

6. Name and Address of Current Registered Agent SANDERS, WALTER 3355 BEARSS AVENUE TAMPA, FL 33618		7. Name and Address of New Registered Agent Name: Sanders, Walter Street Address (P.O. Box Number is Not Acceptable): 16528 N. Dale Mabry Hwy City: Tampa FL Zip Code: 33618	
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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: Walter Sanders Walter Sanders DATE: 2/20/05
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	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 GAUDET, MICHAEL P 10206 RUBURY PLACE TAMPA, FL <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 exemption stated in Section 119.07(3)(i), 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: Michael P. Gaudet MICHAEL P. GAUDET 4/20/05 813-F18-8093
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #