


**FILED**  
**Feb 05, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000017546</b> 1. Entity Name <b>VISUAL COORDINATIONS BY CAROLE TALBOTT, INC.</b>		<b>Feb 05, 2007 08:00</b> <b>Secretary of State</b>	
Principal Place of Business <b>2341 HOLLYWOOD BLVD HOLLYWOOD, FL 33020</b>		Mailing Address <b>P.O. BOX 467 PORT SALERNO, FL 34992-0467</b>	
DO NOT WRITE IN THIS SPACE		 01142007 No Chg-P CR2E034 (11/05)	
		4. FEI Number <b>65-0652445</b>	
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>TALBOTT, CAROLE 3 QUAIL RUN LANE STUART, FL 34996</b>		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: _____ DATE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE	PD		
NAME	TALBOTT, CAROLE		
STREET ADDRESS	3 QUAIL RUN LANE		
CITY - ST - ZIP	STUART, FL 34996		
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
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: <i>Carole Talbott</i>		2-1-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	