



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P96000033136</b>		
1. Entity Name <b>VISUAL IMPACT UNLIMITED, INC.</b>		
Principal Place of Business <b>905 N RAILROAD AVE WEST PALM BEACH, FL 33041</b>	Mailing Address <b>905 N RAILROAD AVE WEST PALM BEACH, FL 33041</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>RATFIELD, LOUIS 7765 LAKE WORTH RD. PMB 316 LAKE WORTH, FL 33467</b>		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when retreating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVST POWELL, ALEXANDER 905 N RAILROAD AVENUE WEST PALM BEACH, FL 33041	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		<b>ALEXANDRA K. POWELL</b> 4.29.05 561.835.8706
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>



04272005 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0657720</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

UN00000345739  
04/30/05-80047-011 150.00

**DO NOT WRITE  
IN THIS SPACE**