2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000018984

Name:

Address: City-St-Zip: WHITE, DONALD L

1818 7TH AVENUE NORTH #4

LAKE WORTH, FL 33461

Entity Name: VISUAL PRODUCTS, INC.

FILED Aug 27, 2008 Secretary of State

Littly Nai	He. VISUAL	. PRODUCTS, INC.			
Current P	rincipal Pla	ce of Business:	New Principal Place of	New Principal Place of Business:	
	AVENUE NO	PRTH			
4 LAKE WOI	RTH, FL 334	461			
Current M	lailing Addr	ess:	New Mailing Address	New Mailing Address:	
1818 7TH AVENUE NORTH					
4 LAKE WOI	RTH, FL 334	461			
FEI Number:	65-0732023	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
WHITE, KEVIN B 1818 7TH AVENUE NORTH				1818 7TH AVENUE NORTH	
LAKE WORTH, FL 33461 US			4 LAKE WORTH, FL 33	LAKE WORTH, FL 33461 US	
	named entit e of Florida.	y submits this statement for the	purpose of changing its registered	I office or registered agent, or both,	
SIGNATURE: JOHN J DI DONATO				08/27/2008	
	Electr	onic Signature of Registered A	gent	Date	
		193(2)(b), F.S., the corporation did r ing Trust Fund Contribution ().	not receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DI DONATO,	ENUE NORTH #4	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	WHITE, KEV	ENUE NORTH #4	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D	(X) Delete	Title:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: JOHN J DI DONATO PRES 08/27/2008