

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000001475

FILED  
Apr 25, 2004  
Secretary of State

Entity Name: VISUAL HELP SYSTEMS, INC.

## Current Principal Place of Business:

20 MATTHEW DRIVE  
NEW OXFORD, PA 17350

## New Principal Place of Business:

## Current Mailing Address:

20 MATTHEW DRIVE  
#312  
NEW OXFORD, PA 17350

## New Mailing Address:

FEI Number: 59-3555315

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GOLLNICK, THEODORE A  
100 WALLACE AVENUE  
SUITE 205  
SARASOTA, FL 34237 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: S ( ) Delete  
Name: GOLLNICK, WILLIAM  
Address: 20 MATTHEW DRIVE  
City-St-Zip: NEW OXFORD, PA 17350

Title: D ( ) Delete  
Name: GOLLNICK, MARISOL  
Address: 20 MATTHEW DRIVE  
City-St-Zip: NEW OXFORD, PA 17350

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

SIGNATURE: MARISOL GOLLNICK

D

04/25/2004

Electronic Signature of Signing Officer or Director

Date