


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P99000032036.

1. Entity Name  
 VISUAL IMPRESSIONS, INC.



Principal Place of Business      Mailing Address

1507 SOUTH ANDREWS AVENUE      1507 SOUTH ANDREWS AVENUE  
 FORT LAUDERDALE, FL 33316      FT. LAUDERDALE, FL 33316

**DO NOT WRITE IN THIS SPACE**



02022008    No Chg-P    CR2E034 (11/05)

4. FEI Number      Applied For  
 65-0922927      Not Applicable

5. Certificate of Status Desired        \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GEMIGNANI, JOSEPH A  
 1507 SOUTH ANDREWS AVENUE  
 FORT LAUDERDALE, FL 33316

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.        \$5.00 May Be Added to Fees

UN0000534466  
 05/08/06-80013-007 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	GEMIGNANI, JOSEPH
STREET ADDRESS	1507 SOUTH ANDREWS AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33316
TITLE	VP
NAME	LIEBER, SHELLEY
STREET ADDRESS	1507 SOUTH ANDREWS AVENUE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33316
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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 of 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: Joe Gemignani      4/24/06      954-832-2800  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #