2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2011
Secretary of State

DOCUMENT# P99000105564

Entity Name: VISUAL IDENTITY SOLUTIONS, INC.

Current Principal Place of Business:

1298 BLUE HERON LANE NORTH
JACKSONVILLE BEACH, FL 32250

New Principal Place of Business:

Current Mailing Address:

1298 BLUE HERON LANE NORTH
JACKSONVILLE BEACH, FL 32250

New Mailing Address:

FEI Number: 59-3612052 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MEYNE, CHERYL O
1298 BLUE HERON LANE NORTH
JACKSONVILLE BEACH, FL 32250 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

OFFICERS AND DIRECTORS:

Title: DP
Name: MEYNE, CHERYL O
Address: 1298 BLUE HERON LANE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: V
Name: MEYNE, FREDRICK A
Address: 1298 BLUE HERON LANE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

Title: S
Name: WADFORD, GARRETT
Address: 1298 BLUE HERON LANE NORTH
City-St-Zip: JACKSONVILLE BEACH, FL 32250

I hereby 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 all other like empowered.

SIGNATURE: CHERYL OREAL MEYNE PRES 02/17/2011

Electronic Signature of Signing Officer or Director Date