


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

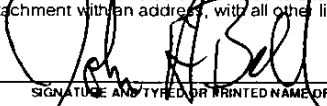
**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90097 022 \*\*\*150.00

<b>DOCUMENT # S76896</b>					
1. Entity Name VISUALIZATION TECHNOLOGIES, INC.					
Principal Place of Business 2149 MCGREGOR BLVD STE 2 FORT MYERS FL 33901-3415 US			Mailing Address 2149 MCGREGOR BLVD STE 2 FORT MYERS FL 33901-3415 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 65-0281369	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent  BELL, JOHN H. 2149 MCGREGOR BLVD STE 2 FT MYERS FL 33901				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BELL, JOHN H. 3225 E RIVERSIDE DR., #34C FORT MYERS FL 33916	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, JAMES S. 6209 ST ANDREWS CIRCLE FT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BELL, ELLEN H 6416 WHISKEY CREEK DR., #724 FORT MYERS FL 33919	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify 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 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:**



John H. Bell

7/19/05 239-334-9151

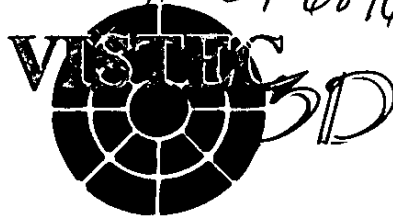
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT

50057279  
# 376896



July 19, 2005

Division of Corporations  
Annual Report Section  
P.O. Box 6850  
Tallahassee, FL 32314

Gentlemen:

We did not receive, probably in February, the postcard notifying us of the 2005 For Profit Corporation annual fee, and the date passed without our notice of it. On July 1<sup>st</sup> we received a Notice of Intent to Dissolve, and at that time we sent for the Annual Report form with fee information.

We hope we will be able to apply for the late fee waiver and are enclosing a check for \$150.

Sincerely,

*Ellen H. Bell*  
Ellen H. Bell  
Bookkeeper

Visualization Technologies, Inc. – 2149 McGregor Blvd.  
– Ft. Myers, FL 33901  
Phone: 239-334-9151 – Fax: 239-334-9590 – email:  
john@vistec3d.com