

**FOR PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Feb 26, 2007 8:00 am**  
**Secretary of State**

02-26-2007 90084 022 \*\*\*150.00

DOCUMENT # 576896

1. Entity Name

Visualization Technologies, Inc.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2149 McGregor BL

3. Mailing Address

Suite, Apt. #, etc.

Suite 2

Suite, Apt. #, etc.

City & State

Ft. Myers, FL

City & State

Zip

33901

Country

Lee

Zip

Country

4. FEI Number

65-0281369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

John H. Bell

Street Address (P.O. Box Number is Not Acceptable)

3225 E. Riverside Dr. Suite 34C

City

Ft. Myers, FL 33916

FL

Zip Code

33916

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office, registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE John H. Bell - President

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2/20/07

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	John H. Bell
STREET ADDRESS	3225 E. Riverside Dr. #34C
CITY-ST-ZIP	Ft. Myers, FL 33916
TITLE	Vice President
NAME	James S. Bell
STREET ADDRESS	6209 St. Andrews Circle
CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	Sec./Treas.
NAME	Ellen H. Bell
STREET ADDRESS	6146 Whiskey Creek Dr. #724
CITY-ST-ZIP	Ft. Myers, FL 33919
TITLE	
NAME	
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CITY-ST-ZIP	
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

President John H. Bell

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/20/07

Daytime Phone #

239-334-9151