2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V44723

FILED Jan 04, 2005 Secretary of State

Entity Name: VISUAL IMI	PACT GROUP, INC.			
Current Principal Place of Business:		New Principal Place o	New Principal Place of Business:	
17080 SW 284TH ST HOMESTEAD, FL 33030	US			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
17080 SW 284TH ST HOMESTEAD, FL 33030	US			
FEI Number: 65-0343914	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: N		Name and Address of	Name and Address of New Registered Agent:	
MAJEWSKI, ROBERT A. 17080 SW 284 ST HOMESTEAD, FL 33030	US			
The above named entity su in the State of Florida.	bmits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Electronic	Signature of Registered Age	nt	Date	
Election Campaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: DP () D Name: MAJEWSKI, ROB		Title: DP (Name: MAJEWSKLI	X) Change ()Addition ROBERT A	

17080 SW 284TH ST Address: 17080 SW 284TH ST Address: City-St-Zip: HOMESTEAD, FL City-St-Zip: HOMESTEAD, FL 33030 Title: () Delete Title: (X) Change () Addition BURNSTAD, JENNIFER M. BURNSTAD, JENNIFER M. Name: Name: Address: 17080 S.W. 284 STREET Address: 17080 S.W. 284 STREET HOMESTEAD, FL HOMESTEAD, FL 33030 City-St-Zip: City-St-Zip:

Title: S () Delete Title: () Change () Addition Name: PAULIN, AMANDA Name:

 Address:
 17080 SW 284 ST
 Address:

 City-St-Zip:
 HOMESTEAD, FL 33030
 City-St-Zip:

Title: V () Delete Title: V (X) Change () Addition

 Name:
 MAJEWSKI, DEBORAH
 Name:
 MAJEWSKI, DEBORAH

 Address:
 17080 SW 284 ST
 Address:
 17080 SW 284 ST

 City-St-Zip:
 HOMESTEAD, FL
 City-St-Zip:
 HOMESTEAD, FL 33030

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: ROBERT A. MAJEWSKI DP 01/04/2005