

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000002612

FILED
Mar 08, 2007
Secretary of State

Entity Name: NEW VISION FINANCIAL SERVICES, INC.

Current Principal Place of Business:

6945 SYLVAN WOODS DRIVE
SANFORD, FL 32771

New Principal Place of Business:

928 SHELLBARK WAY
THE VILLAGES, FL 32162

Current Mailing Address:

6945 SYLVAN WOODS DRIVE
SANFORD, FL 32771

New Mailing Address:

928 SHELLBARK WAY
THE VILLAGES, FL 32162

FEI Number: 01-0695686

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOCERI, RONALD A
6945 SYLVAN WOODS DRIVE
SANFORD, FL 32771 US

Name and Address of New Registered Agent:

MOCERI, RONALD A
928 SHELLBARK WAY
THE VILLAGES, FL 32162 US

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: _____

03/08/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOCERI, RONALD A
Address: 6945 SYLVAN WOODS DR.
City-St-Zip: SANFORD, FL 32771

Title: VD () Delete
Name: MOCERI, MICHAEL A
Address: 1540 LANGHAM TERRACE
City-St-Zip: HEATHROW, FL 32746

Title: TD () Delete
Name: MOCERI, CAROL A
Address: 6945 SYLVAN WOODS DR.
City-St-Zip: SANFORD, FL 32771

Title: VP () Delete
Name: ALGIN, MICHELLE L
Address: 6718 BELL GLADE PLACE
City-St-Zip: SANFORD, FL 32771

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOCERI, RONALD A
Address: 928 SHELLBARK WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MOCERI, CAROL A
Address: 928 SHELLBARK WAY
City-St-Zip: THE VILLAGES, FL 32162

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: RONALD A. MOCERI

PD

03/08/2007

Electronic Signature of Signing Officer or Director

Date