2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 529919

Entity Name: NEW VISION TRAVEL, INC.

3650 N. 36 AVE. - VILLA 46

HOLLYWOOD, FL 33021

Address: City-St-Zip: FILED Jan 13, 2008 Secretary of State

y rea		1014 1147. V LL, 1140.				
Current Principal Place of Business:				New Principal Place of Business:		
275 <u>0</u> N. 29TH AVENUE				2750 N. 29TH AVENUE		
114F HOLLYWOOD, FL 33021				114B HOLLYWOOD, FL 33021		
Current Mailing Address:				New Mailing Address:		
2400 E LAS OLAS BLVD.				401 E LAS OLAS BLVD.		
# 124 FORT LAUDERDALE, FL 333011529				# 130-464 FORT LAUDERDALE, FL 333012210		
FEI Number	: 59-1737842	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
LAMPERT, WAYNE M 2400 E LAS OLAS BLVD. # 124 FORT LAUDERDALE, FL 333011582 US				LAMPERT, WAYNE M 401 E LAS OLAS BLVD. # 130-464 FORT LAUDERDALE, FL 333012210 US		
	e named entity s e of Florida.	submits this statement for the p	ourpose o	f changing its registered o	office or registered agent, or both,	
SIGNATURE:				01/13/2008		
	Electron	ic Signature of Registered Age	ent		Date	
Election Car	mpaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	LAMPERT, WA 333 SUNSET D			Title: (Name: Address: City-St-Zip:) Change ()Addition	
Title: Name: Address: City-St-Zip:	BUSTAMANTE, 333 SUNSET D			Title: () Name: Address: City-St-Zip:) Change ()Addition	
Title: Name:	VPD () LAMPERT, TOE	Delete 3Y		Title: ()) Change()Addition	

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

Address:

City-St-Zip:

SIGNATURE: WAYNE M LAMPERT PRES 01/13/2008