


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 11, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G95169</b> 1. Entity Name NU-VISION HOMES, INC.	
---	---

Principal Place of Business 416 EBBTIDE DRIVE NORTH PALM BEACH, FL 33408	Mailing Address 416 EBBTIDE DRIVE NORTH PALM BEACH, FL 33408
--	--

DO NOT WRITE IN THIS SPACE

% = 5 1 - 2 5 6 6 6 6 6 6 F &

03082004    No Chg-P    CR2E034 (10/03)

4. FEI Number 59-2410014	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  STUTZMAN, M. E. 416 EBBTIDE DRIVE NORTH PALM BEACH, FL 33408	<p style="font-size: 24pt; font-weight: bold;">DO NOT WRITE IN THIS SPACE</p>
---	---

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.</small>	<small>(NOTE: Registered Agent signature required when reappointing)</small>	DATE _____
---	--	------------

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees  000000085417 03/11/04-80046-025 150.00
---	--	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUTZMAN, M. E. 416 EBBTIDE DRIVE NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VST STUTZMAN, BETTY L. 416 EBBTIDE DRIVE NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUTZMAN, BETTY L. 416 EBBTIDE DRIVE NORTH PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

<b>SIGNATURE: M. E. STUTZMAN</b> <i>M.E. Stutzman</i>	3-8-04 561-848-6910
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date                      Daytime Phone #</small>