


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # G95169</b> 1. Entity Name NU-VISION HOMES, INC.	
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Principal Place of Business 416 EBBTIDE DRIVE NORTH PALM BEACH, FL 33408	Mailing Address 416 EBBTIDE DRIVE NORTH PALM BEACH, FL 33408
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**DO NOT WRITE IN THIS SPACE**

03312005 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	<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when resigning) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		<b>DO NOT WRITE IN THIS SPACE</b>
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		
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TITLE NAME STREET ADDRESS CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.

**SIGNATURE:** M.E. STUTZMAN M.E. Stutzman 3-31-05 561-848-6910  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #