## 2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

## **FILED** Apr 06, 2007 8:00 am Secretary of State

04-06-2007 90228 022 \*\*\*\*50.00

DOCUMENT # L05000021691 1. Entity Name
NEW VISION HOLDINGS, LLC

Principal Plac	ce of Business	Mailing Address	Mailing Address						
2835 GETTYSBURG LANE WEST PALM BEACH, FL 33409			2835 GETTYSBURG LANE West Palm Beach, Fl 33409						
							DOLUMBU 5881	4 <b>818 8048 1918</b> 11	E
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02052007	Chg-LLC	CR2E	083 (12/06)	ı	
City & State		City & State	City & State		4. FEI Numb	er PPLICABLE			pplied For ot Applicable
Zìp	Country	Zip	Zip Country			of Status Desired		\$5.00 Ad Fee Require	ditional
	6. Name and Address of Curre	nt Registered Agent			7. Name and	Address of New	Registered	Agent	
2835 GET	N, STEPHEN TYSBURG LANE LM BEACH, FL 33409			Name Street Addr	ess (P.O. Box Numb	er is Not Acceptab	ole)		
	· · · · · · · · · · · · · · · · · · ·		-	City				Zip Coo	ia
			İ				FL	<u>- ]</u>	
	named entity submits this statemen tions of registered agent.	t for the purpose of changing its	registered	d office or re	gistered agent, or bo	th, in the State of F	Florida. I am	familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOTE	: Registered	Agent signature re	equired when reinstating)		DATE		
•		}					, «, <b>5</b>	124	£ . 4.
	iling Fee is \$50.00 ue by May 1, 2007						ke check i ia Departn	ayable to nent of Stat	ie i
9.	MANAGING MEM	BERS/MANAGERS	10.			ADDITIONS	CHANGES		
TIMLE	MGRM	☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS	THE SABIL CORPORATION, I	NC.	NAME	T ADDRESS					
CITY-ST-ZIP	PALM SPRINGS, FL 33461		CITY-S						
TITLE	MGRM	☐ Delete	TITLE					Change	Addition
NAME	WALLACE HOLDINGS UNLIM	ITED, INC.	NAME						
STREET ADDRESS CITY-ST-ZIP	2835 GETTYSBURG LANE		STREET CITY-S	ADDRESS					
TITLE	WEST PALM BEACH, FL 334	Delete	TITLE	11-211	·	<del></del>		☐ Change	☐ Addition
NAME		∟ Delete	NAME				-	— -	☐ Yoution
STREET ADORESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	ST-ZIP					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME STREET ADDRESS			NAME STREET	ADDRESS					
CITY-ST-ZIP			CITY-S	i					
TITLE		☐ Delete	TITLE					☐ Change	Addition
NAME			NAME						
STREET ADDRESS CITY-ST-ZIP			CITY-S	TADORESS T-ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			<del></del>		☐ Change	Addition
NAME		C Delete	NAME						
STREET ADDRESS			STREET	ADDRESS					
CITY-ST-ZIP			CITY-S						

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE