2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001302

Entity Name: A NEW VISION, INC.

FILED Sep 05, 2006 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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18140 NW 5TH CT. 18140 NW 5TH CT.

MIAMI, FL 33169 MIAMI GARDENS, FL 33169

Current Mailing Address: New Mailing Address:

18140 NW 5TH CT. MIAMI, FL 33169

FEI Number: 26-0060331 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BONEY, MARLENE 18140 NW 5TH CT. MIAMI, FL 33169 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:

Clastrania Ciarachura of Danistana d'Anant

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P () Delete
 Title:
 P (X) Change () Addition

 Name:
 FRANCOIS, PEDRO
 Name:
 BONEY, MARLENE

 Address:
 20044 W. LAKE DR.
 Address:
 18140 N.W. 5 CT.

City-St-Zip: HIALEAH, FL 33015 City-St-Zip: MIAMI GARDENS, FL 33169

Title: () Delete Title: (X) Change () Addition Name: ROBLETO, MAYLING Name: ROBLETO, MAYLING Address: 756 NW 32 AV. Address: 525 W. PARK DR. #203 City-St-Zip: MIAMI, FL 33127 City-St-Zip: MIAMI, FL 33172

Title: TR () Delete Title: () Change () Addition

 Name:
 ABRAHAM, JOYCELYN
 Name:

 Address:
 9800 W. DAFFODIL LANE
 Address:

 City-St-Zip:
 MIRAMAR, FL 33025
 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLENE BONEY P 09/05/2006