

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000271

FILED
Jan 06, 2004
Secretary of State**Entity Name:** NEW VISIONS, INC.**Current Principal Place of Business:**1082 ISLAND MAANOR DR.
WEST PALM BEACH, FL 33413 US**New Principal Place of Business:**6420 COMMON CIRCLE BLDG. 3
#105
WEST PALM BEACH, FL 334174272 US**Current Mailing Address:**C/O ALBERT LEMER
242 EAST 19TH STREET, APT. 8C
NEW YORK, NY 100032636 US**New Mailing Address:****FEI Number:** 65-0373924 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KAPLAN, SHERRY
1082 ISLAND MANOR DR
WEST PALM BEACH, FL 334132044 US**Name and Address of New Registered Agent:**KAPLAN, SHERRY
6420 COMMON CIRCLE BLDG. 3
#105
WEST PALM BEACH, FL 334174272 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: _____

01/06/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:**Title:** PD () Delete
Name: LEMER, LOIS M
Address: 242 E 19 ST., #8 C
City-St-Zip: NEW YORK, NY 10003**Title:** D () Delete
Name: LEMER, ALBERT
Address: 242 E. 19 ST. APT 8-C
City-St-Zip: NEW YORK, NY 10003**Title:** D () Delete
Name: KAPLAN, SHERRY
Address: 1082 ISLAND MANOR DR
City-St-Zip: WEST PALM BEACH, FL 334132044**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ALBERT LEMER

SECY

01/06/2004

Electronic Signature of Signing Officer or Director

Date