

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

94034667

<b>DOCUMENT # P01000012500</b> 1. Entity Name BUENA VISTA CONSULTING, INC.			
Principal Place of Business C/O 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904		Mailing Address C/O 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904	
2. Principal Place of Business <i>1318 Lafayette Hl St</i> Suite, Apt. #, etc. <i>Cape Coral, Florida</i> City & State		3. Mailing Address <i>1318 Lafayette St</i> Suite, Apt. #, etc. City & State <i>Cape Coral, Florida</i>	
Zip <i>33904</i> Country <i>US</i>		Zip <i>33904</i> Country <i>US</i>	
4. FEI Number 59-0433709		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		01292004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  SCHUTT, DARRIN R 1105 CAPE CORAL PARKWAY EAST SUITE C CAPE CORAL, FL 33904		7. Name and Address of New Registered Agent Name <i>Hill Thomas W.</i> Street Address (P.O. Box Number is Not Acceptable) <i>1318 Lafayette Street</i> City <i>Cape Coral</i> FL <i>33904</i>	
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 <i>Thomas W Hill</i> <i>Thomas W. Hill</i> DATE <i>3-17-04</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete ZHAN, MANFRED PETER GUTENBERGFSTR. 3A, D-30966 HEMMINGEN, GERMANY,	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition ZAHN, MANFRED PETER GUTENBERGSTR. 3A 30966 HEMMINGEN / GERMANY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete ISENRING, REGULA PO BOX 3404 VERO BEACH, FL 32964	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE: <i>M. Peter Zahn</i> <i>M. Peter Zahn</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		03/11/04 01449-511-419999-6 <small>Date Daytime Phone #</small>	