




**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000111825			
1. Entity Name NEW VISION AVIATION, INC.			
Principal Place of Business 921 ARBOR MOOR PLACE LAKE MARY, FL 32746	Mailing Address 921 ARBOR MOOR PLACE LAKE MARY, FL 32746		
DO NOT WRITE IN THIS SPACE			
		03272004 No Chg-P CR2E034 (10/03)	
		4. FEI Number 30-0099668	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent			
WOOD, NICOLE 921 ARBOR MOOR PLACE LAKE MARY, FL 32746		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
		U000000117565 04/19/04-80024-023 150.00	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, NICOLE 921 ARBOR MOOR PLACE LAKE MARY, FL 32746		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD, JEFF 921 ARBOR MOOR PLACE LAKE MARY, FL 32746		
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DO NOT WRITE IN THIS SPACE			
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: 		4/19/04 407-688-0049	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	