

2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Nov 05, 2005
Secretary of State**

DOCUMENT# P03000014978

Entity Name: 3 VISIONS INVESTMENT GROUP INC.

Current Principal Place of Business:

619 LAKE NED RD.
WINTER HAVEN, FL 33884

New Principal Place of Business:

Current Mailing Address:

619 LAKE NED RD.
WINTER HAVEN, FL 33884

New Mailing Address:

FEI Number: 42-1575460 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GARCIA, JOSE A
619 LAKE NED RD.
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P/T () Delete
Name: GARCIA, JOSE A
Address: 619 LAKE NED ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP/S () Delete
Name: GARCIA, ELVIRA
Address: 619 LAKE NED ROAD
City-St-Zip: WINTER HAVEN, FL 33884

Title: D () Delete
Name: SERRAT, RENE
Address: 550 EAST MINNEHAHA AVE
City-St-Zip: CLERMONT, FL 34711

Title: D () Delete
Name: BRITO, ALEJANDRO
Address: P.O. BOX 3402
City-St-Zip: HAINES CITY, FL 33845

Title: D () Delete
Name: HERNANDEZ, ANGEL RAMON
Address: 5214 NORTH ORANGE AVE
City-St-Zip: WINTER PARK, FL 32792

Title: D () Delete
Name: VALDEZ, DANIEL
Address: 186 HATTAWAY DRIVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32781

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP/S (X) Change () Addition
Name: TEJADA, VICTOR R
Address: 14262 ISLAMORADA DR.
City-St-Zip: ORLANDO, FL 32837

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE A.GARCIA

Electronic Signature of Signing Officer or Director

P/T

11/05/2005

Date