

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000018452		
1. Entity Name NEW VISION CONSULTING, INC.		

FILED
06 JUN -6 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



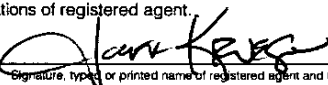
Principal Place of Business 851 5TH AVE. NORTH #102 NAPLES, FL 34102	Mailing Address 851 5TH AVE. NORTH #102 SUITE B NAPLES, FL 34102
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2. Principal Place of Business 851 5th Ave N Suite, Apt. #, etc. #304 City & State Naples, FL Zip 34102 Country USA	3. Mailing Address 851 5th Ave N Suite, Apt. #, etc. #304 City & State Naples, FL Zip 34102 Country USA
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05222006 REIN-P CR2E098 (11/05)

4. FEI Number 65-1042461	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KRUEGER, JEFF 851 5TH AVE. NORTH #102 NAPLES, FL 34102	
7. Name and Address of New Registered Agent Name Jeff Krueger Street Address (P.O. Box Number is Not Acceptable) 851 5th Ave N #304 City Naples FL Zip Code 34102	

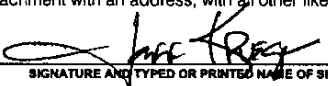
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  DATE 5/22/06
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO KRUEGER, JEFF 1125 SANDPIPER NAPLES, FL 34102 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO Jeff Krueger 851 5th Ave N #304 Naples, FL 34102 <input checked="" 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
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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 exemptions contained 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 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:  DATE 5/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR