

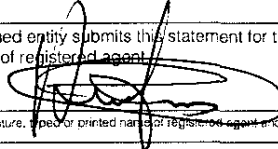
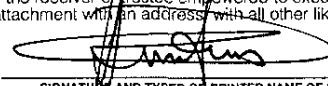


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P03000100703</b> 1. Entity Name <b>NEW VISION CORP.</b>						<b>FILED</b> <b>04 OCT -4 AM 9:22</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>13899 BISCAYNE BLVD</b> <b>N MIAMI, FL 33181</b>				Mailing Address <b>13899 BISCAYNE BLVD</b> <b>N MIAMI, FL 33181</b>			
2. Principal Place of Business <b>13899 Biscayne Blvd</b>		3. Mailing Address <b>13899 Biscayne</b>					
Suite, Apt. #, etc. <b>Suite 109</b>		Suite, Apt. #, etc. <b>Suite 109</b>					
City & State <b>North Miami FL</b>		City & State <b>North Miami FL</b>					
Zip <b>33181</b>		Country <b>USA</b>		Zip <b>33181</b>		Country <b>USA</b>	
4. FEI Number <b>26-0070968</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required			
6. Name and Address of Current Registered Agent <b>DELMAS, CHARITABLE</b> <b>13899 BISCAYNE BLVD</b> <b>N MIAMI, FL 33181</b>				7. Name and Address of New Registered Agent Name <b>Vierre, Charitable</b> Street Address (P.O. Box Number is Not Acceptable) <b>13899 Biscayne Blvd</b> <b>Suite 109</b> City <b>North Miami</b> <b>FL</b> Zip Code <b>33181</b>			
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 <b>9.24.04</b>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <input type="checkbox"/> Delete <b>DELMAS, CHARITABLE</b> <b>% 13899 BISCAYNE BLVD</b> <b>N MIAMI, FL 33181</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>Vierre, Charitable</b> <b>13899 Biscayne Blvd Suite 109</b> <b>N Miami FL 33181</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>GUSTAVE, PIERRE A</b> <b>% 13899 BISCAYNE BLVD</b> <b>N MIAMI, FL 33181</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>300041564413</b> <b>10/04/04--01027--024 **150.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>VIERRE, GUIGUI</b> <b>% 13899 BISCAYNE BLVD</b> <b>N MIAMI, FL 33181</b>			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: 				President			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>09.24.04</b>			