2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000100703

Entity Name: NEW VISION CORP.

FILED Dec 01, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

13899 BISCAYNE BLVD 7758 ORLEANS STREET STE. 109 MIRAMAR, FL 33023 US

N MIAMI, FL 33181 US

N MIAMI, FL 33181

Current Mailing Address: New Mailing Address:

13899 BISCAYNE BLVD 7758 ORLEANS STREET STE. 109 7758 ORLEANS STREET MIRAMAR, FL 33023 US

FEI Number: 26-0070968 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

VIERRE, CHARITABLE

13899 BISCAYNE BLVD

STE. 109

N MIAMI, FL 33181 US

GUSTAVE, PIERRE A

7758 ORLEANS STREET

MIRAMAR, FL 33023 U

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: PIERRE A GUSTAVE 12/01/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PDT () Delete Title: PD (X) Change () Addition

 Name:
 VIERRE, CHARITABLE
 Name:
 GUSTAVE, PIERRE A

 Address:
 13899 BISCAYNE BLVD, STE. 109
 Address:
 7758 ORLEANS STREET

 City-St-Zip:
 N MIAMI, FL 33181 US
 City-St-Zip:
 MIRAMAR, FL 33023 US

Title: PD (X) Delete Title: () Change () Addition

 Name:
 GUSTAVE, PIERRE A
 Name:

 Address:
 % 13899 BISCAYNE BLVD
 Address:

 City-St-Zip:
 N MIAMI, FL 33181
 City-St-Zip:

Title: S (X) Delete Title: () Change () Addition

 Name:
 VIERRE, GUIGUI
 Name:

 Address:
 % 13899 BISCAYNE BLVD
 Address:

 City-St-Zip:
 N MIAMI, FL 33181
 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: PIERRE A GUSTAVE PD 12/01/2005