

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066111

FILED
Apr 29, 2008
Secretary of State

Entity Name: NEW VISION DESIGN, INC.

Current Principal Place of Business:

3255 CYPRESS LEGENDS CIRCLE
#407
FORT MYERS, FL 33905 US

New Principal Place of Business:

10008 HORSE CREEK RD
FORT MYERS, FL 33913 US

Current Mailing Address:

3255 CYPRESS LEGENDS CIRCLE
#407
FORT MYERS, FL 33905 US

New Mailing Address:

10008 HORSE CREEK RD
FORT MYERS, FL 33913 US

FEI Number: 26-0294907

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABRE, LISA J
3255 CYPRESS LEGENDS CIRCLE
#407
FORT MYERS, FL 33905 US

Name and Address of New Registered Agent:

FABRE, LISA J
10008 HORSE CREEK RD
FORT MYERS, FL 33913 US

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: LISA FABRE

04/29/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FABRE, LISA J
Address: 3255 CYPRESS LEGENDS CIR. #407
City-St-Zip: FORT MYERS, FL 33905 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FABRE, LISA J
Address: 10008 HORSE CREEK RD
City-St-Zip: FORT MYERS, FL 33913 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LISA FABRE

MS.

04/29/2008

Electronic Signature of Signing Officer or Director

Date