

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000066111

Entity Name: NEW VISION DESIGN, INC.

FILED
May 04, 2009
Secretary of State

Current Principal Place of Business:

10008 HORSE CREEK RD
FORT MYERS, FL 33913 US

New Principal Place of Business:

13190 BROADHURST LOOP
FORT MYERS, FL 33919 US

Current Mailing Address:

10008 HORSE CREEK RD
FORT MYERS, FL 33913 US

New Mailing Address:

13190 BROADHURST LOOP
FORT MYERS, FL 33919 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
10008 HORSE CREEK RD
FORT MYERS, FL 33913 US

Name and Address of New Registered Agent:

FABRE, LISA J
13190 BROADHURST LOOP
FORT MYERS, FL 33919 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 J FABRE

05/04/2009

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:

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FABRE, LISA J
Address: 13190 BROADHURST LOOP
City-St-Zip: FORT MYERS, FL 33919 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 J FABRE

MS

05/04/2009

Electronic Signature of Signing Officer or Director

Date