


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 28, 2004 8:00 am
Secretary of State

07-28-2004 90015 008 ***150.00

DOCUMENT # P96000029761	
1. Entity Name THREE VISIONS DESIGN, INC.	

Principal Place of Business 3101 PORT ROYALE BLVD. #415 FORT LAUDERDALE, FL 33308	Mailing Address 3101 PORT ROYALE BLVD. #415 FORT LAUDERDALE, FL 33308
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54065145



2. Principal Place of Business 1501 SE 15th Court #404	3. Mailing Address 1501 SE 15th Court #404
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07132004 Chg-P CR2E034 (10/03)

City & State Deerfield Beach, FL	City & State Deerfield Beach, FL
Zip 33441	Country Broward

4. FEI Number 65-0650662	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 CONSRUCK, PAMELA S 3801 S. OCEAN DRIVE #11-T HOLLYWOOD, FL 33019	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1501 SE 15th Court, #404 City Deerfield Beach FL Zip Code 33441	
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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 *Pamela S. Consruck* DATE *7/20/04*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	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 P	<input type="checkbox"/> Delete	TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME CONSRUCK, PAMELA S		NAME	
STREET ADDRESS 3101 PORT ROYALE BLVD. #415		STREET ADDRESS 1501 SE 15th Court, #404	
CITY-ST-ZIP FORT LAUDERDALE, FL 33308		CITY-ST-ZIP Deerfield Beach, FL 33441	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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 another like empowered.

SIGNATURE: *Pamela S. Consruck* DATE *7/20/04*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #