2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

			<u> </u>		Apr 12, 2004 8:00 am
DOCUMENT # P97000094111 1. Entity Name				Secretary of State	
NORTH STAR VISIONS, INC.					04-12-2004 90326 049 ***150.00
Principal Plac	e of Business	Mailing Address			
9123 N MIL	TARY TRL	9123 N MILITARY TRL	_		
208 208 PALM BCH GDN FL 33410 PALM BCH GDN FL 33410					
2. Principal Place of Business 308 TEBUSESTA Dr Po Box 32518			518		
Suite 25		Suite, Apt. #, etc.			MOORE CR2E034 (11/03)
City & State	sta FI.	PAIM BCACK	Gardens	El 4	4. FEI Number 65-0792270 Applied For Not Applicable
3346°	Country UJA	33450	Country UJA	5	5. Certificate of Status Desired
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent					
HAMLIN, ROY CJR SAME) Ray C. HAMIN Jr					
9123 N MILITARY TRL WEST PALM BEACH FL 33410 Street Address (P.O. Box Number is Not Acceptable) 308 TEBUELTA DE					
			City		vile 25
				EBUC	
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 Signature, typed or printed name of registered agent and the trapplicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1; 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State.					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE	PD	Delete	TITLE	QQ.	DXI Change ☐ Addition
NAME	HAMLIN, ROY C JR	2000	NAME		MIIN. KOY C JE
STREET ADDRESS	9123 N MILITARY TRL		STREET ADDRESS	308	
CITY-ST-ZIP .	PALM BCH GDN FL 33410		CITY-ST-ZIP	TE	EQUELTA, F1. 33469
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME		•	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
NAME	·	☐ Delete	TITLE NAME		Change Addition
STREET ADDRESS		n was green	STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		. Change Addition
NAME STREET ADDRESS		•	NAME STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME		_ 55.55	NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP	<u> </u>	····	CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filling 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 affactment with an adjaces, with all other like empowered.					
changed	, or on an attachment with an address, v	vith all other like empowered	l		

3/25/04 (561) 625.1610