04/30/2004 14:03 5618427398 DAVID KUHARCI

FILED
May 03, 2004 8:00 am
Secretary of State
05-03-2004 91239 008 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

24067193

04302004 Chg-P CR2E034 (10/03)

DOCUMENT # P99000047145

1. Entity Name
NEW VISION MORTGAGE CORP.

Principal Place of Business	Mailing Address
533 NORTHLAKE BLVD STE 5 NORTH PALM BEACH, FL 33408	533 NORTHLAKE BLVD STE 5 NORTH PALM BEACH, FL 33408

2. Principal Place of Business	3. Mailing Address
16027 84th PLACE N.	16027 84th PLACE NORTH
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: LOXAHATCHEE, FL	City & State: LOXAHATCHEE, FL
Zip: 33470 Country: US	Zip: 33470 Country: US

4. FEI Number: 65-0921892 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
JOKI-PESOLA, JOHN
533 NORTHLAKE BLVD
STE 5
NORTH PALM BEACH, FL 33408

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable) 16027 84th PLACE NORTH
City LOXAHATCHEE FL Zip Code 33470

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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.	
TITLE D NAME JOKI-PESOLA, JOHN STREET ADDRESS 533 NORTHLAKE BLVD #5 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	☐ Delete	TITLE NAME STREET ADDRESS 16027 84th PLACE NORTH CITY-ST-ZIP LOXAHATCHEE, FL 33470	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 all other like empowered.

SIGNATURE: John Joki-Pesola 4.30.4 561-662-4244