

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P99000065353</b> 1. Entity Name <b>VANTAGE POINT RE, INC.</b>						<b>FILED</b> <b>04 OCT 26 AM 11:49</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>304 SWEETBRIER BRANCH LANE          JACKSONVILLE, FL 32259 US</b>			Mailing Address <b>304 SWEETBRIER BRANCH LANE          JACKSONVILLE, FL 32259 US</b>				
2. Principal Place of Business <b>3030 Hart Hwy Rd</b> Suite, Apt. #, etc. <b>140</b>		3. Mailing Address <i>Same</i> Suite, Apt. #, etc. <i>Same</i>		09302004    Chg-P    CR2E034 (10/03)		4. FEI Number <b>59-3588885</b>	
City & State <b>JACKSONVILLE FL</b>		City & State <i>Same</i>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>32257</b> Country <b>USA</b>		Zip    Country		6. Name and Address of Current Registered Agent <b>JOHNSON, CARL          4421 NW 39TH AVE          STE 1-2          GAINESVILLE, FL 32606</b>		7. Name and Address of New Registered Agent Name <b>HOWARD J. FLEMING</b> Street Address (P.O. Box Number is Not Acceptable) <b>3030 Hart Hwy Rd #140</b> City <b>JACKSONVILLE</b> FL    Zip Code <b>32257</b>	
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 <i>[Signature]</i> <small>Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating)</small>				DATE <b>10/10/04</b>			
<b>FILE NOW!!! FEE IS \$550.00          Due by September 8, 2004</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE <b>PSTD</b> <input type="checkbox"/> Delete		NAME <b>FLEMING, HOWARD H JR</b>		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME <b>000042192000</b>	
STREET ADDRESS <b>304 SWEETBRIER BRANCH LANE</b>		CITY-ST-ZIP <b>JACKSONVILLE, FL 32259</b>		STREET ADDRESS <b>10/26/04--01079--005</b>		CITY-ST-ZIP <b>**158.75</b>	
TITLE <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME <b>REINSTATEMENT 04</b>	
STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS <input type="checkbox"/> Delete		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition		CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				Date <b>10/10/04</b>		Daytime Phone # <b>942346116</b>	



a new perspective on real estate

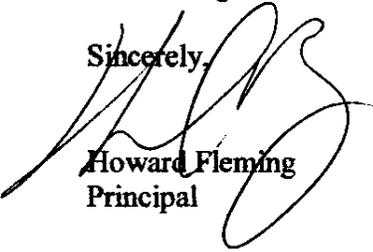
October 20, 2004

Florida Department of State  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

To Whom It May Concern:

Please note that I had an address change that inadvertently caused the original form to be sent to the old address. I truly appreciate your concern regarding this reinstatement and the waiving of the increased fee.

Sincerely,



Howard Fleming  
Principal