

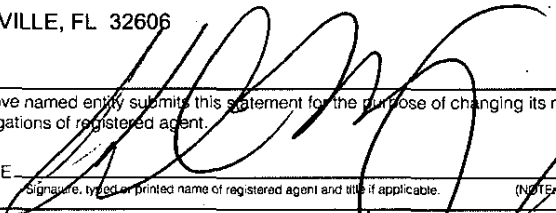
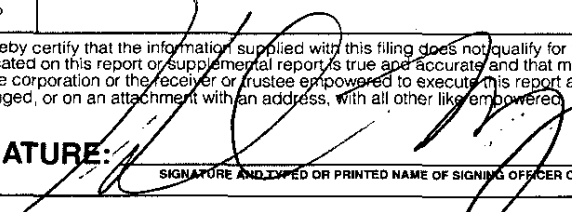


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P99000065353 1. Entity Name VANTAGE POINT RE, INC.					
Principal Place of Business 304 SWEETBRIER BRANCH LANE JACKSONVILLE, FL 32259 US			Mailing Address 304 SWEETBRIER BRANCH LANE JACKSONVILLE, FL 32259 US		
2. Principal Place of Business 3030 HARTLEY RD Suite, Apt. #, etc. 140		3. Mailing Address Same Suite, Apt. #, etc. Same			
City & State JACKSONVILLE FL		City & State Same		4. FEI Number 59-3588885	
Zip 32257 Country USA		Zip Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JOHNSON, CARL 4421 NW 39TH AVE STE 1-2 GAINESVILLE, FL 32606				7. Name and Address of New Registered Agent Name HOWARD J. FLEMING Street Address (P.O. Box Number is Not Acceptable) 3030 Hartley Rd. #140 City JACKSONVILLE FL Zip Code 32257	
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  DATE 10/10/04 <small>(Signature, typed or printed name of registered agent and title if applicable. (Not for Registered Agent signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD FLEMING, HOWARD H JR 304 SWEETBRIER BRANCH LANE JACKSONVILLE, FL 32259	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000042192000 10/26/04--01079--005 **158.75	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition REINSTATEMENT 04		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS 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: 			101004 942346116		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

FILED
04 OCT 26 AM 11:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

vantagepoint

RE

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