

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P09000087195

Entity Name: NEW WAY MARKETING, INC.

FILED  
Mar 13, 2012  
Secretary of State

**Current Principal Place of Business:**

681 BEVILLE RD.  
DAYTONA, FL 32119

**New Principal Place of Business:**

222 CRAWFORD ROAD  
NEW SMYRNA BEACH, FL 32169

**Current Mailing Address:**

681 BEVILLE RD.  
DAYTONA, FL 32119

**New Mailing Address:**

PO BOX 2098  
NEW SMYRNA BEACH, FL 32170

FEI Number: 80-0495516

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

MASTRIANNA, DEBRA L  
681 BEVILLE ROAD  
DAYTONA, FL 32119 US

**Name and Address of New Registered Agent:**

MASTRIANNA, DEBRA L  
222 CRAWFORD ROAD  
NEW SMRYNA BEACH, FL 32169 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

03/13/2012

Date

**OFFICERS AND DIRECTORS:**

Title: SD  
Name: MASTRIANNA, DEBRA L  
Address: 222 CRAWFORD ROAD  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: MASTRIANNA, RALPH J  
Address: 222 CRAWFORD ROAD  
City-St-Zip: NEW SMRYNA BEACH, FL 32169

Title: D  
Name: MASTRIANNA, BRIAN M  
Address: 4630 KATY DRIVE  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

Title: D  
Name: SANGENITO, TONI M  
Address: 827 FLOUNDER  
City-St-Zip: NEW SMYRNA BEACH, FL 32169

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: DEBRA L MASTRIANNA

Electronic Signature of Signing Officer or Director

DIR

03/13/2012

Date