

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000087195

**Entity Name:** NEW WAY MARKETING, INC.

**Current Principal Place of Business:**

612 N RIDGEWOOD AVENUE/SUITE G  
EDGEWATER, FL 32132

**Current Mailing Address:**

612 N RIDGEWOOD AVENUE SUITE G  
EDGEWATER, FL 32132 US

**FEI Number:** 80-0495516

**Certificate of Status Desired:** Yes

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

MASTRIANNA, DEBRA L  
612 N RIDGEWOOD AVENUE/SUITE G  
EDGEWATER, FL 32132 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

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title SD  
Name MASTRIANNA, DEBRA L  
Address 8 PALM DRIVE  
City-State-Zip: NEW SMYRNA BEACH FL 32169

Title D  
Name MASTRIANNA, RALPH J  
Address 8 PALM DRIVE  
City-State-Zip: NEW SMRYNA BEACH FL 32169

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

Title D  
Name SANGENITO, TONI M  
Address 889 BLUEFISH AVENUE  
City-State-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 MASTRIANNA

SD

03/25/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date