

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90023 038 ***150.00

DOCUMENT # F03000002026

1. Entity Name
NEW MARKET ALLIANCE, INC.



Principal Place of Business
**1000 MARKET STREET, BLDG. 1, SUITE 202
PORTSMOUTH, NH 03801**

Mailing Address
**1000 MARKET STREET, BLDG. 1, SUITE 202
PORTSMOUTH, NH 03801**

54020163



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03102004 Chg-P CR2E034 (10/03)

4. FEI Number
02-0439907

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PVT
OLIVIERO, JIM
235 WEST ROAD, SUITE #9
PORTSMOUTH, NH 03801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**CD
OLIVIERO, JIM
235 WEST ROAD, SUITE #9
PORTSMOUTH, NH 03801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**S
KEANE, THOMAS M
1000 MARKET STREET, BLDG. 1, SUITE 202
PORTSMOUTH, NH 03801** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PT
OLIVIERO, JAMES
115 GOLF VIEW DRIVE
LITTLE EGG HARBOR, NJ 08087** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**V
MICHAEL HARVEY
PO BOX 477
PORTSMOUTH, NH 03802-0477** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
OLIVIERO, JAMES
115 GOLF VIEW DRIVE
LITTLE EGG HARBOR, NJ 08087** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
MICHAEL HARVEY
PO BOX 477
PORTSMOUTH, NH 03802-0477** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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:

JAMES OLIVIERO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/04
Date

603-436-6500
Daytime Phone #