

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000001050

FILED  
Apr 16, 2010  
Secretary of State

Entity Name: NEWWAVE RESTORATION, INC.

**Current Principal Place of Business:**

5172-D BROOK HOLLOW PARKWAY  
NORCROSS, GA 30071

**New Principal Place of Business:**

**Current Mailing Address:**

5172-D BROOK HOLLOW PARKWAY  
NORCROSS, GA 30071

**New Mailing Address:**

FEI Number: 26-2622751

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

INCorp SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C  
Name: LIEBL, DAVID G  
Address: 5172-D BROOK HOLLOW PKY  
City-St-Zip: NORCROSS, GA 30071

Title: VCPS  
Name: BOLING, LAWRENCE G  
Address: 5172-D BROOK HOLLOW PKY  
City-St-Zip: NORCROSS, GA 30071

Title: DT  
Name: GELE, GLENN T  
Address: 5172-D BROOK HOLLOW PKY  
City-St-Zip: NORCROSS, GA 30071

Title: VP  
Name: KERNEY, VANESSA  
Address: 5172-D BROOK HOLLOW PKY  
City-St-Zip: NORCROSS, GA 30071

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: DAVID G LIEBL

CEO

04/16/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date