2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L41705

Entity Name: NEW MARKETING SYSTEMS, INC.

FILED May 25, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business
Ourient i inicipal i lace of Dasiness.	Mew i interpart race or business

28029 OAK LANE 314 INDUSTRIAL PARK DR BONITA SPRINGS, FL 34135 WAYNESVILLE, NC 28786

Current Mailing Address: New Mailing Address:

28029 OAK LANE 103 RICE DR

BONITA SPRINGS, FL 34135 WAYNESVILLE, NC 28785

FEI Number: 65-0201453 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

SPICHER, DAVID D RIELLA, J W

28029 OAK LANE 19365 PINE GLEN DR BONITA SPRINGS, FL 34135 US FT MYERS, FL 33912 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: J WAYNE RIELLA 05/25/2005

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP () Delete Title: () Change () Addition

 Name:
 SPICHER, DAVID D
 Name:

 Address:
 28029 OAK LANE
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

Title: STV () Delete Title: () Change () Addition

 Name:
 SPICHER, RENEE
 Name:

 Address:
 28029 OAK LANE
 Address:

 City-St-Zip:
 BONITA SPRINGS, FL 34135
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: RENEE SPICHER S 05/25/2005