2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 29, 2004 08:00 AM Secretary of State DOCUMENT # P01000108904 NEW WAVE MARKETING, INC. Principal Place of Business Mailing Address 10785 PARK BLVD. 10785 PARK BLVD. SEMINOLE, FL 33772 SEMINOLE, FL 33772 07262004 No Cha-P TCR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3755435 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MIDDLETON, ROBERT B DO NOT WRITE 10785 PARK BLVD. SEMINOLE, FL 33772 IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and atto if applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Toust Fund Contribution corporation did not receive the prior notice. Added to Fees Due by September 8, 2004 OFFICERS AND DIRECTORS 10. IIILE MIDDLETON, ROBERT B P NAME U00000168836 07/29/04-80011-003 150.00 STREET ADDRESS 10785 PARK BLVD_ SEMINOLE, FL 33772 CITY-ST-ZIP HILE NAME STREET ADDRESS CITY - ST - 2IP TITLE NAME STREET ADDRESS DO NOT WRITE CITY - ST- ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY - ST-ZIP MAME

12. It hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(8). 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 r. "de 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 807, 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 life empowered.

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

FILED