


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 05, 2005 8:00 am
Secretary of State

08-05-2005 90003 008 ***558.75

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| DOCUMENT # P04000069377 |  |
| 1. Entity Name NEW AGE MEDIA RELATIONS, INC. | |

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| Principal Place of Business 2265 LEE ROAD SUITE 103 WINTER PARK, FL 32789 | Mailing Address 2265 LEE ROAD SUITE 103 WINTER PARK, FL 32789 |
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| 2. Principal Place of Business 2170 W. SR 434 | 3. Mailing Address 2170 W. SR 434 |
| Suite, Apt. #, etc. 200 | Suite, Apt. #, etc. 200 |
| City & State Longwood, FL | City & State Longwood, FL |
| Zip 32779 | Country US |

50060143



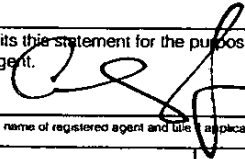
08012005 Chg-P CR2E034 (10/03)

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| 4. FEI Number 32-0115062 | Applied For <input type="checkbox"/> Not Applicable |
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| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
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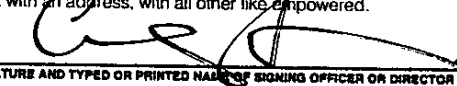
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| 6. Name and Address of Current Registered Agent WHEELER, RICHARD S ESQ. 2265 LEE ROAD SUITE 103 WINTER PARK, FL 32789 | |
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| 7. Name and Address of New Registered Agent | |
| Name Christian Stolz | |
| Street Address (P.O. Box Number is Not Acceptable) 2170 W. SR 434 Suite 200 | |
| City Longwood | FL Zip Code 32779 |

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| 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  | DATE 8-1-05 |

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| FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DEED Stolz, Christian 2170 W. SR 434 suite 200 Longwood, FL 32779 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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:  | DATE 8-1-05 |