


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2005 8:00 am**  
**Secretary of State**

03-28-2005 90067 044 \*\*\*150.00

<b>DOCUMENT # P93000060386</b> 1. Entity Name <b>NEW WAVE IMAGE INC.</b>					
Principal Place of Business <b>19900 MONA RD. 102 TEQUESTA, FL 33469 US</b>			Mailing Address <b>P.O. BOX 4191 TEQUESTA, FL 33469 US</b>		
2. Principal Place of Business <b>7861 SW ELLIPSE WAY</b>		3. Mailing Address <b>PO Box 69</b>			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State <b>STUART FL</b>		City & State <b>HOBE SOUND FL</b>		4. FEI Number <b>65-0428529</b>	
Zip <b>34997</b>		Country <b>USA</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>33475</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BLOOM, RAPHAEL 7807 SE TULIPTREE CT HOBE SOUND, FL 33455</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		DATE _____	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS BLOOM, PATRICIA M. 7807 SE TULIPTREE CT. HOBE SOUND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BLOOM, RAPHAEL 7807 SE TULIPTREE CT. HOBE SOUND, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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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.					
<b>SIGNATURE:</b> <i>Raphael Bloom as its President</i>			Date <b>3/23/05</b> Daytime Phone # <b>772-221-1221</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					