

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2006 8:00 am
Secretary of State

04-14-2006 90140 025 ***150.00

DOCUMENT # P93000060386

1. Entity Name
NEW WAVE IMAGE INC.



40040000

Principal Place of Business
7861 SE ELLIPSE WAY
STUART, FL 34997 US

Mailing Address
P.O. BOX 69
HOBE SOUND, FL 33475 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
7861 SW ELLIPSE WAY
City & State
STUART FL

Suite, Apt. #, etc.
7861 SW ELLIPSE WAY
City & State
STUART FL

02252006 Chg-P CR2E034 (11/05)

4. FEI Number
65-0428529

Applied For
Not Applicable

Zip
34997 Country
US

Zip
34997 Country
US

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BLOOM, RAPHAEL
7807 SE TULIPTREE CT
HOBE SOUND, FL 33455

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/11/06
DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PS
BLOOM, PATRICIA M.
7807 SE TULIPTREE CT.
HOBE SOUND, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VPT
BLOOM, RAPHAEL
7807 SE TULIPTREE CT.
HOBE SOUND, FL

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

ZIP = 33455

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☒ Addition

ZIP = 33455

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☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

4/11/06