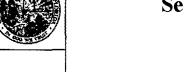
## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

## DOCUMENT # P94000008945 1. Entity Name NEW MARKETING TECHNOLOGIES, INC. Principal Place of Business Mailing Address 15476 NW 77TH CT 15476 NW 77TH CT SUITE 290 SUITE 290



## **FILED** Mar 10, 2005 08:00 AM Secretary of State



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TON OC	# 37 % Book & soften Stone	121	***********	ONAME	03072005	No Chg-P	Chzi	2034 (10/03)	
	NOI	AALIII	IV ITI		OPAUE	4. FEI Number 65-0467			Applied For Not Applicable
						5. Certificate of	l Status Desired		\$8.75 Additional Fee Required

US

MIAMI LAKES, FL 33016

6. Name and Address of Current Registered Agent

CHERRY, WILLIAM C 3791 BEACON RIDGE WAY CLERMONT, FL 34711

MIAMI LAKES, FL 33016

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pions of registered agent.	urpose of changing its registere	ed office or re	gistered agent, or bo	oth, in the State of Florida. I am familiar with, and accep
SIGNATURE_	Signature, typed or printed name of registered agent and title if	applicable. (NOTE: Registered	1 Agent signature	required when reinstating)	DATE
	E NOWIII FEE 16 \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Finan     Trust Fund Contribution.	icing .	\$5.00 May Be Added to Fees	1000000257747
10.	OFFICERS AND DIREC	TORS			
TITLE NAME STREET ADDRESS CITY ST-ZIP	P CHERRY, WILLIAM C 3791 BEACON RIDGE WAY CLERMONT, FL 34711				
TITLE NAME STREET ADDRESS GTY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY - ST - ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY ST-ZIP				*N	THIS SPACE
TITLE NAME STREET ADDRESS CITY: ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					

12. I hereby certify that the information supplied with this filling 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: 4