

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P94000008945 1. Entity Name NEW MARKETING TECHNOLOGIES, INC.	
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Principal Place of Business 15476 NW 77TH CT SUITE 290 MIAMI LAKES, FL 33016 US	Mailing Address 15476 NW 77TH CT SUITE 290 MIAMI LAKES, FL 33016 US
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01172006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0467351	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CHERRY, WILLIAM C 3791 BEACON RIDGE WAY CLERMONT, FL 34711

**DO NOT WRITE
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and filer if applicable (NOTE: Registered Agent signature required when reinstating) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CHERRY, WILLIAM C 3791 BEACON RIDGE WAY CLERMONT, FL 34711
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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: William C. Cherry William C. Cherry Jan. 18, 2006 352-243-6310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #