


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90180 048 ***150.00

DOCUMENT # P96000103976 1. Entity Name NEW WAVE SALES, INC.	
--	---

Principal Place of Business 921 BAY BERRY POINT DR PLANTATION, FL 33324	Mailing Address 921 BAY BERRY POINT DR PLANTATION, FL 33324
---	---

2. Principal Place of Business - No P.O. Box # 3421 MORNING LAKE DR Suite, Apt. #, etc. # 101 City & State BONITA SPRINGS, FL Zip 34134 Country USA	3. Mailing Address 3421 MORNING LAKE DR. Suite, Apt. #, etc. # 101 City & State BONITA SPRINGS, FL Zip 34134 Country USA
--	---

40060111



04102007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0722249	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent FISCHER, RICHARD M 921 BAY BERRY POINT DRIVE PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name RICHARD M FISCHER Street Address (P.O. Box Number is Not Acceptable) 3421 MORNING LAKE DR. # 101 City BONITA SPRINGS, FL Zip Code 34134
--	---

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: RL D. M. J. RICHARD M. FISCHER 4/11/07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FISCHER, RICHARD M 921 BAY BERRY POINT DRIVE PLANTATION, FL 33324 <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	D FISCHER, MARY S 921 BAY BERRY POINT DR PLANTATION, FL 33324 <input checked="" 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
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
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
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

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: RL D. M. J. RICHARD M FISCHER 4/11/07 954-423-1417
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #