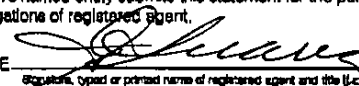
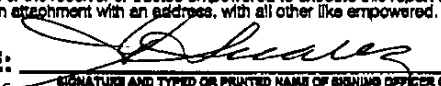


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT****FILED**
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90201 028 ***150.00

DOCUMENT # P97000006488					
1. Entity Name NEW MARKET GROUP, INC.					
Principal Place of Business 828 PATRICK DR. WEST PALM BEACH, FL 33406			Mailing Address 828 PATRICK DR. WEST PALM BEACH, FL 33406		
2. Principal Place of Business 1660 Southern Blvd.		3. Mailing Address			
Suits, Apt. #, etc. SUITE A		Suits, Apt. #, etc.			
City & State WEST PALM BEACH, FL		City & State		4. FEI Number 62-1682731	
Zip 33406		Country USA		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				04242006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent SUAREZ, GILBERT 828 PATRICK DR. WEST PALM BEACH, FL 33406			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 1660 Southern Blvd. SUITE A City WEST PALM BEACH FL Zip Code 33406		
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  DATE 4/24/06 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	P SUAREZ, GILBERT 828 PATRICK DR. WEST PALM BEACH, FL 33406 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GONZALEZ, HUGO 1854 EMILIO LN WEST PALM BEACH, FL 33406 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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: 			Date 4/24/06 561-687-7919		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		