2006 FOR PROFIT CORPORATION · ANNUAL REPORT

DOCUMENT # 457812

1. Entity Name
WAVELENGTH INTEGRATION SOLUTIONS, INC.

Principal Place of Business	Mailing Address
25 S.W. SOUTH RIVER DRIVE MIAMI, FL 33130	P.O. BOX 41430 JACKSONVILLE, FL 32203-1430 US

01172006   No Chg-P   CR2E034 (11/05)

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4. FEI Number	Applied For
59-1551403	Not Applicable

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

6. Name and Address of Current Registered Agent

BEAVER STREET FOODS, INC.
1741 W BEAVER STREET
JACKSONVILLE, FL 32209

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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)   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	U00000535801 05/08/06-80067-015 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	FRISCH, BENJAMIN P
STREET ADDRESS	1741 W BEAVER ST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	DST
NAME	FRISCH, KARL E
STREET ADDRESS	1741 W BEAVER ST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	DV
NAME	FRISCH, ALFRED
STREET ADDRESS	1741 W BEAVER ST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	DVAS
NAME	FRISCH, HANS
STREET ADDRESS	1741 W BEAVER ST
CITY-ST-ZIP	JACKSONVILLE, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: X _Hans Frisch_   4/25/06   (904) 354-8723

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #