


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2007 08:00 AM
Secretary of State

DOCUMENT # 457812 1. Entity Name WAVELENGTH INTEGRATION SOLUTIONS, INC.	
---	---

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



04212007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1551403	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 BEAVER STREET FOODS, INC. 1741 W BEAVER STREET JACKSONVILLE, FL 32209	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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	(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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FRISCH, BENJAMIN P 1741 W BEAVER ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST FRISCH, KARL E 1741 W BEAVER ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV FRISCH, ALFRED 1741 W BEAVER ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS FRISCH, HANS 1741 W BEAVER ST JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

000000739543
05/14/07-30032-011 150.00

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:  HANS FRISCH 4/25/07 (904) 354-0533	Date	Daytime Phone #
---	------	-----------------