2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000414

Title:

Name:

Address: City-St-Zip:

Entity Name: ATLANTIC MICROWAY CORR

() Delete

58 MAIN STREET, ROUTE 117

FULLER, DAVID L

BOLTON, MA 01740

FILED Jan 13, 2006 Secretary of State

Entity Name: ATLANTIC MICROWAVE CORPORATION Current Principal Place of Business: New Principal Place of Business: 58 MAIN STREET, SUITE 117 BOLTON, MA 01740 **Current Mailing Address: New Mailing Address:** 58 MAIN STREET, SUITE 117 BOLTON, MA 01740 FEI Number: 04-3252206 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition RICCI, ROBERT M SCHAEFER, STEVEN Name: Name: 58 MAIN STREET, ROUTE 117 58 MAIN STREET, ROUTE 117 Address: Address: City-St-Zip: BOLTON, MA 01740 City-St-Zip: BOLTON, MA 01740 () Delete Title: Title: () Change () Addition Name: GAGGIN, DAVID V Name: 58 MAIN STREET, ROUTE 117 Address: Address: BOLTON, MA 01740 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: DAVID L. FULLER CFO 01/13/2006

() Change () Addition