

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000005375

FILED
May 01, 2006
Secretary of State

Entity Name: WAVE LINK CORP. OF PUERTO RICO

Current Principal Place of Business:

STELLA MARIS BUILDING, SUITE 4A
#1 CONDADO AVE.
SAN JUAN, PR 00927 PR

New Principal Place of Business:

269 SUNSET DRIVE
ISLAMORADA, FL 33036 US

Current Mailing Address:

269 SUNSET DRIVE
ISLAMORADA, FL 33036

New Mailing Address:

FEI Number: 66-0601321 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MYERS, MICHAEL
269 SUNSET DRIVE
ISLAMORADA, FL 33036 US

Name and Address of New Registered Agent:

GUZMAN, GABRIELA
269 SUNSET DRIVE
ISLAMORADA, FL 33036 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: GABRIELA GUZMAN

05/01/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPT () Delete
Name: GUZMAN, GABRIELA
Address: STELLA MARIS BUILDING, SUITE 4A
City-St-Zip: SAN JUAN, PUERTO RICO,

Title: VCVP (X) Delete
Name: MYERS, MICHAEL
Address: 269 SUNSET DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: D () Delete
Name: MYERS, MICHAEL
Address: 269 SUNSET DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: D (X) Delete
Name: MYERS, JOHN
Address: 269 SUNSET DRIVE
City-St-Zip: ISLAMORADA, FL 33036

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CPT (X) Change () Addition
Name: GUZMAN, GABRIELA
Address: 269 SUNSET DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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.

SIGNATURE: MICHAEL MYERS

D

05/01/2006

Electronic Signature of Signing Officer or Director

Date