



# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 21, 2006 8:00 am**  
**Secretary of State**

07-21-2006 90025 028 \*\*\*150.00

<b>DOCUMENT # F05000001112</b>					
<b>1. Entity Name</b> WAVETEC VISION SYSTEMS, INC.					
<b>Principal Place of Business</b> 157 SURFVIEW DRIVE PACIFIC PALISADES, CA 90272			<b>Mailing Address</b> 157 SURFVIEW DRIVE PACIFIC PALISADES, CA 90272		
<b>2. Principal Place of Business</b> 66 Argonaut Suite, Apt. #, etc. #170		<b>3. Mailing Address</b> same as #2 Suite, Apt. #, etc.			
<b>City &amp; State</b> Aliso Viejo CA		<b>City &amp; State</b>		<b>4. FEI Number</b> 91-1812505	
<b>Zip</b> 92656		<b>Country</b> US		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			<b>7. Name and Address of New Registered Agent</b>		
Name			Street Address (P.O. Box Number is Not Acceptable)		
City			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> CP	<b>NAME</b> ALDRICH, KENNETH	<input type="checkbox"/> Delete	<b>TITLE</b> P	<b>NAME</b> Thomas Berryman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 157 SURFVIEW DRIVE	PACIFIC PALISADES, CA 90272		<b>STREET ADDRESS</b> 66 Argonaut #170	Aliso Viejo CA 92656	
<b>CITY-ST-ZIP</b>	PACIFIC PALISADES, CA 90272		<b>CITY-ST-ZIP</b>	Aliso Viejo CA 92656	
<b>TITLE</b> VVST	<b>NAME</b> ADAMS, WILLIAM B	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Charles Warden	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 711 LINDA FLORA DRIVE	LOS ANGELES, CA 90049		<b>STREET ADDRESS</b> 450 Newport Center Dr #600	Newport Beach CA 92660	
<b>CITY-ST-ZIP</b>	LOS ANGELES, CA 90049		<b>CITY-ST-ZIP</b>	Newport Beach CA 92660	
<b>TITLE</b> D	<b>NAME</b> ADAMS, CHRISTOPHER	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> D	<b>NAME</b> Paul B. Haffey	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 711 LINDA FLORA DRIVE	LOS ANGELES, CA 90049		<b>STREET ADDRESS</b> 2 Buttercup Lane	Dover MA 02030	
<b>CITY-ST-ZIP</b>	LOS ANGELES, CA 90049		<b>CITY-ST-ZIP</b>	Dover MA 02030	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> William Link	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> 450 Newport Center Dr #600	Newport Beach CA 92660	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b>	Newport Beach CA 92660	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b> D	<b>NAME</b> Kenneth Aldrich	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> 157 Surfview Dr	Pacific Palisades CA 90272	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b>	Pacific Palisades CA 90272	
<b>TITLE</b>	<input type="checkbox"/> Delete		<b>TITLE</b> S	<b>NAME</b> Bruce Feuchter	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b>	<input type="checkbox"/> Delete		<b>STREET ADDRESS</b> 660 Newport Center Dr #1600	Newport Beach CA 92660	
<b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete		<b>CITY-ST-ZIP</b>	Newport Beach CA 92660	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Thomas Berryman</i>			Thomas Berryman		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #