


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90213 008 ***150.00

DOCUMENT # F06000005648 1. Entity Name XWAVE NEW ENGLAND CORP.					
Principal Place of Business 151 CAPITOL STREET STE 1 AUGUSTA, ME 04332			Mailing Address PO BOX 495 AUGUSTA, ME 04332		
2. Principal Place of Business - No P.O. Box # 151 CAPITOL STREET		3. Mailing Address Suite, Apt. #, etc. SUITE 1-			
City & State AUGUSTA, ME		City & State AUGUSTA, ME			
Zip 04330	Country	Zip	Country	4. FEI Number 01-0449686	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent JORDON, CHRIS 530 SW 147TH AVE PEMBROKE PINES, FL 33027			7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD City PLANTATION		
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 _____ (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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CP KENT, PAUL 36 SOLUTIONS DRIVE HALIFAX, NS B3S 1N2, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO/P/D KENT, PAUL A. 6 SOUTH MARITIME CENTRE, 1505 BARRINGTON STREET HALIFAX, NS B3J 2W3 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCV CARTER, BRANNON J 151 CAPITOL STREET STE 1 AUGUSTA, ME 04332 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CARTER, BRANNON J 151 CAPITOL STREET, SUITE 1 AUGUSTA, ME 04330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCKINNON, ELAINE 30 BROADVIEW AVE SAINT JOHN, NB E2L 1Z4, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZPATRICK, PAUL G. 10 FACTORY LANE, BOX 2110 ST. JOHN'S, NL A1C 5H6 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZPATRICK, PAUL 10 FACTORY LANE SAINT JOHNS, NF A1C 5H6, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, ELEANOR ONE BRUNSWICK SQUARE, FLOOR 18 SAINT JOHN, NB E2L 4L4 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MARSHALL, ELEANOR BRUNSWICK SQUARE, 18TH FLOOR SAINT JOHN, ND E2L 4K2, <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO LEBLANC, GLEN 6 SOUTH MARITIME CENTRE, 1505 BARRINGTON STREET HALIFAX, NS B3J 2W3 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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: <u>Brannon J. Carter</u> 4/10/07 207-774-2104 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					