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Secretary of State
04-23-2008 90040 009 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000005648

1. Entity Name
XWAVE NEW ENGLAND CORP.

Principal Place of Business	Mailing Address
151 CAPITOL STREET STE 1 AUGUSTA, ME 04332	PO BOX 495 AUGUSTA, ME 04332

04082008 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
151 CAPITOL STREET	ONE PORTLAND SQUARE
Suite, Apt. #, etc.: SUITE 1	Suite, Apt. #, etc.: P.O. BOX 586
City & State: AUGUSTA, ME	City & State: PORTLAND, ME
Zip: 04330 Country: USA	Zip: 04112-0586 Country: USA

4. FEI Number 01-0449686 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	CEOP KENT, PAUL 6 S MARITIME CENTRE 1505 BARRINGTON ST HALIFAX, NS, B3j 2w3	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOPD RATHBUN, DAVID 6 SOUTH MARITIME CENTRE, 1505 BARRINGTON STREET HALIFAX, NS B3J 2W3	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARTER, BRANNON J 151 CAPITOL STREET STE 1 AUGUSTA, ME 04332	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD CARTER, BRANNON J. 151 CAPITOL STREET, BOX 495 AUGUSTA, ME 04332	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MCKINNON, ELAINE 30 BROADVIEW AVE SAINT JOHN, NB E2L 1Z4,	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PENDERGAST, ALLAN 555 MAPLETON ROAD MONCTON, NB E1G 2K5	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FITZPATRICK, PAUL 10 FACTORY LN BOX 2110 SAINT JOHNS, NF A1C 5H6,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T MARSHALL, ELEANOR BRUNSWICK SQUARE, 18TH FLOOR SINT JOHN, NB E2L 4L4,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO LE BLANC, GLEN 6 S MARITIME CTRE 1505 BARRINGTON ST HALIFAX, NS, b3j 2w3	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Brannon J Carter Apr 17, 2008 207.622.9772
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #