## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F98000004561

Entity Name: DATAWAVE SERVICES (US) INC

FILED Apr 19, 2007 Secretary of State

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Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
SUITE 110	MMERCE PAF ), BUILDING N ID, BC V6V 2	RKWAY O. 6 L1, BC CANADA OC				
Current N	lailing Addre	ss:	New Maili	New Mailing Address:		
SUITE 110	MMERCE PAF ), BUILDING N ID, BC V6V 2					
FEI Number	: 88-0337917	FEI Number Applied For (	) FEI Number Not App	licable ( )	Certificate of Status Desired ( )	
Name and	l Address of (	Current Registered Age	nt: Name and	Address of	New Registered Agent:	
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK , FL 33331 U					
	e named entity e of Florida.	submits this statement fo	r the purpose of changing	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registere	ed Agent		Date	
Election Ca	mpaign Financin	g Trust Fund Contribution (	).			
OFFICER	S AND DIREC	TORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	GUNN, JOHN 13575 COMME	) Delete RCE PARKWAY , SUITE 110 C CANADA, BC V6V 2L1 OC	Title: Name: Address: City-St-Zip:	DARABI, ARD 13575 COMM	X) Change ()Addition DESHIR DERCE PARKWAY,SUITE 110 BC CANADA, BC V6V 2L1 OC	
Title: Name: Address: City-St-Zip:	EMANUEL, JO	WEST, 3RD FLOOR	Title: Name: Address: City-St-Zip:	EMANUEL, JO	6 WEST, 3RD FLOOR	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	TAYLOR, KEN	S STREET SUITE M-100	
Title: Name: Address: City-St-Zip:	(	) Delete	Title: Name: Address: City-St-Zip:	SMITH, BROO	S STREET SUITE M-100	

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: ARDESHIR DARABI S 04/19/2007