

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# J88326

**FILED**  
**Jan 13, 2012**  
**Secretary of State**

**Entity Name:** WAVE TECH PLUS CORPORATION

**Current Principal Place of Business:**

700 STEVENS AVE  
OLDSMAR, FL 34677 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 1519  
OLDSMAR, FL 34677 US

**New Mailing Address:**

**FEI Number:** 59-2830174

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CIAMPINI, PHILIP  
700 STEVENS AVE  
OLDSMAR, FL 34677 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** CEO  
**Name:** CIAMPINI, JOHN P  
**Address:** 700 STEVENS AVE  
**City-St-Zip:** OLDSMAR, FL 34677 US

**Title:** PRES  
**Name:** CIAMPINI, PHILIP J  
**Address:** 700 STEVENS AVENUE  
**City-St-Zip:** OLDSMAR, FL 34677 US

**Title:** SEC  
**Name:** CIAMPINI, JOAN M  
**Address:** 700 STEVENS AVENUE  
**City-St-Zip:** OLDSMAR, FL 34677 US

I hereby 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 all other like empowered.

**SIGNATURE:** PHILIP J CIAMPINI

PRES

01/13/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date