

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

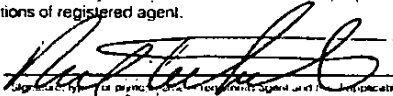
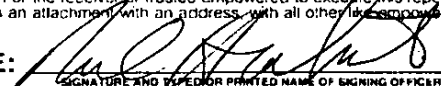
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FILED
Jun 20, 2006 8:00 am
Secretary of State

05-01-2006 90311 041 ****61.25



1st MOORE CR2E037 (10/05)

DOCUMENT # N01000001562					
1. Entity Name INTERNATIONAL WAVE CLASS ASSOCIATION INC.					
Principal Place of Business 6 CORAL WAY KEY LARGO FL 33037			Mailing Address PO BOX 2060 KEY LARGO FL 33037 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number NO-T APPLICABLE	
				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 Now Registered Agent		
WHITE, RICK 6 CORAL WAY KEY LARGO FL 33037			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State 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 			DATE 4/15/06		
FILE NOW: FEE IS \$61.25 Due By May 1, 2006			9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees
			Make Check Payable to Florida Department of State		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WHITE, RICHARD H		NAME		
STREET ADDRESS	PO BOX 2060		STREET ADDRESS		
CITY- ST- ZIP	KEY LARGO FL 33037		CITY- ST- ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WELLS, MARY		NAME		
STREET ADDRESS	PO BOX 2060		STREET ADDRESS		
CITY- ST- ZIP	KEY LARGO FL 33037		CITY- ST- ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	WELLS, BILL		NAME		
STREET ADDRESS	PO BOX 2060		STREET ADDRESS		
CITY- ST- ZIP	KEY LARGO FL 33037		CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
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TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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: 			DATE: 6/12/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		