


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 29, 2007 8:00 am**  
**Secretary of State**

01-29-2007 90087 032 \*\*\*\*61.25

<b>DOCUMENT # N01000002235</b>					
<b>1. Entity Name</b> SYNEWAVE COMMUNICATIONS, INC.					
<b>Principal Place of Business</b> 415 SW 6TH STREET LAKE BUTLER, FL 32054			<b>Mailing Address</b> 415 SW 6TH STREET LAKE BUTLER, FL 32054		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 59-3706806	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LEWIS, PAUL L SR 11386 NE COUNTY RD 237 LAKE BUTLER, FL 32054			Name Street Address (P.O. Box Number is Not Acceptable) City		
LEWIS, PAUL L SR 11386 NE COUNTY RD 237 LAKE BUTLER, FL 32054			FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEWIS, PAUL L SR RT. 1 BOX 467-L LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, CHARLOTTE H 6820 SW 150TH AVE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DI FOISTER, BILLY RAY 360 N.W. 3RD ST LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, CHARLOTTE H 6820 SW 150TH AVE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, CHARLOTTE H 6820 SW 150TH AVE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, CHARLOTTE H 6820 SW 150TH AVE LAKE BUTLER, FL 32054	<input type="checkbox"/> Delete			
<b>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 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.</b>					
<b>SIGNATURE:</b> <i>Paul L Lewis</i> Director		25 Jan 07		386-496-9827	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	