


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2007 8:00 am
Secretary of State

02-15-2007 90054 037 ***150.00

DOCUMENT # P01000080169	
1. Entity Name LEPTON WAVE, INC.	

Principal Place of Business 15816 85TH WAY NORTH PALM BCH GARDENS FL 33418	Mailing Address 15816 85TH WAY NORTH PALM BCH GARDENS FL 33418
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2. Principal Place of Business - No P.O. Box # 15816 85 WAY N.	3. Mailing Address Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State Palm Beach Gardens	City & State
Zip 33418	Country USA

4. FEI Number NO-T APPLICABLE	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

6. Name and Address of Current Registered Agent BRUNMAN, HAL 15816 85TH WAY NORTH PALM BCH GARDENS FL 33418	
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7. Name and Address of New Registered Agent Name N/A	
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 **N/A** (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, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete D BRUNMAN, HAL 15816 85TH WAY NORTH PALM BCH GARDENS FL 33418	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #