


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000125783	
1. Entity Name TIDAL WAVE DEVELOPMENT CORP.	

Principal Place of Business 1660 NORTHWEST 19 AVENUE POMPANO BEACH, FL 33069	Mailing Address 1660 NORTHWEST 19 AVENUE POMPANO BEACH, FL 33069
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DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number 35-2188768	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent THE WAVE INVESTMENT CORP. INC 5915 PONCE DE LEON BOULEVARD SUITE 60 CORAL GABLES, FL 33146	DO NOT WRITE IN THIS SPACE
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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 _____	Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASAGRANDE, JACK R 1660 NORTHWEST 19 AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MARZANO, PATRICK 1660 NORTHWEST 19 AVENUE POMPANO BEACH, FL 33069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD JOHNSON, WILLIAM B 1660 NORTHWEST 19 AVENUE POMPANO BEACH, FL 33069
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/11/07-80035-025 150.00

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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 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: 	1/11/07 954-543-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #