

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 08:00 A
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

DO NOT WRITE IN THIS SPACE



03052008 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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

000000852728
 03/26/08-80040-018 150.00

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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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:  **JACK CASAGRANDE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/5/08** Daytime Phone #: **543-9810**