

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 01, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P02000125788**

1. Entity Name  
**TIDAL WAVE RESOURCES CORP.**



Principal Place of Business  
**1660 NW 19 AVE  
POMPANO BEACH, FL 33069**

Mailing Address  
**1660 NW 19 AVE  
POMPANO BEACH, FL 33069**

**DO NOT WRITE IN THIS SPACE**



01242006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**35-2188769** Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**TIDAL WAVE INVESTMENT CORP INC  
5915 PONCE DE LEON BLVD STE 60  
CORAL GABLES, FL 33146**

**DO NOT WRITE  
IN THIS SPACE**

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

1100000414527  
02/11/06-80040-016 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	CASAGRANDE, JACK R
STREET ADDRESS	1660 NW 19 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	VD
NAME	MARZANO, PATRIK
STREET ADDRESS	1660 NW 19 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	SD
NAME	JOHNSON, WILLIAM B
STREET ADDRESS	1660 NW 19 AVE
CITY-ST-ZIP	POMPANO BEACH, FL 33069
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*JACK R CASAGRANDE*  
*1/29/06* *543-9800*

Daytime Phone #