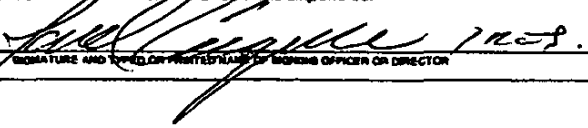


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2005 8:00 am
Secretary of State

02-14-2005 90039 006 ***150.00

DOCUMENT # P02000125933			
1. Entity Name TIDAL WAVE REALTY CORP.			
Principal Place of Business 1191 E NEWPORT CENTER DR STE 103 DEERFIELD BCH, FL 33442		Mailing Address 1191 E NEWPORT CENTER DR STE 103 DEERFIELD BCH, FL 33442	
2. Principal Place of Business 11660 NW 19 Ave Suite, Apt. #, etc.		3. Mailing Address 11660 NW 19 Ave Suite, Apt. #, etc.	
City & State Pompano Beach, FL		City & State Pompano Beach, FL	
Zip 33069		Country USA	
4. FEI Number 35-2188770		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. 1191 E NEWPORT CENTER DR STE 103 DEERFIELD BCH, FL 33442		7. Name and Address of New Registered Agent Name TIDAL WAVE INVESTMENT CORP., INC. Street Address (P.O. Box Number is Not Acceptable) 5915 PONCE DE LEON BLVD. SUITE 60 City CORAL GABLES, FL Zip Code 33146	
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 resigning)			
FILE MONTHLY FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD CASAGRANDE, JACK R 1191 E NEWPORT CT DR., STE 103 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD Casagrande, Jack R ☒ Change ☐ Addition 11660 NW 19 Ave Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MARZANO, PATRICK 1191 E NEWPORT CT DR., STE 103 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD Marzano, Patrick ☒ Change ☐ Addition 11660 NW 19 Ave Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD JOHNSON, WILLIAM B 1191 E NEWPORT CT DR., STE 103 DEERFIELD BEACH, FL 33442 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD Johnson, William B ☒ Change ☐ Addition 11660 NW 19 Ave Pompano Beach, FL 33069
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, and all other fees empowered.			
SIGNATURE: 		Date: 2/11/05 954-580-0615	
SIGNATURE AND TITLE OF OFFICER OR DIRECTOR		Daytime Phone #	

66004845



02112005 Chg-P CR2E034 (10/03)