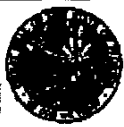


**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90124 021 \*\*\*150.00

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

<b>DOCUMENT # P03000035949</b>					
1. Entity Name <b>BLUE WAVE MANUFACTURING INC.</b>					
Principal Place of Business <b>4747 SAN JUAN AVE JACKSONVILLE, FL 32210</b>			Mailing Address <b>4747 SAN JUAN AVE JACKSONVILLE, FL 32210</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>04282005 Chg-P CR2E034 (10/03)</b> <b>-81-8888024-81-060624</b>	
5. Certificate of Status Desired <input type="checkbox"/>			Applied For Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			58.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>CORBITT, VIVKIE 4751 SAN JUAN AVE STE 10 JACKSONVILLE, FL 32210</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)) DATE _____					
<b>FILE NOW!!! FEE IS \$180.00 After May 1, 2005 Fee will be \$350.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>CORBITT, VICKIE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORBITT, VICKIE</b>		NAME	<b>4747 SAN JUAN AVE</b>	
STREET ADDRESS	<b>PO BOX 1135</b>		STREET ADDRESS	<b>JACKSONVILLE, FL 32210</b>	
CITY- ST- ZIP	<b>ORANGE PARK, FL 32087</b>		CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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, with all other officers empowered.					
SIGNATURE: <i>Vivkie Corbitt</i>		VIVKIE CORBITT		4/29/05 904 389-1841	
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF NEW OFFICER OR DIRECTOR		DATE	

