2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000128406

Entity Name: SQUARE WAVE ENTERPRISES, INC.

FILED Apr 29, 2005 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

910 DUPONT RD

EVERGLADES CITY, FL 34139

Current Mailing Address: New Mailing Address:

P.O. BOX 23

EVERGLADES, FL 34139

FEI Number: 56-2417655 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

STONE, LAWRENCE H JR
301 S COPELAND AVE
EVERGLADES, FL 34139 US
STONE, LAWRENCE H JR
10120 VANDERBILT DRIVE
NAPLES, FL 34108 US

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.

SIGNATURE: 04/29/2005

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

 Title:
 P
 () Delete
 Title:
 P
 (X) Change () Addition

 Name:
 WEAVER, MELISSA A
 Name:
 STONE, LAWRENCE H JR

 Address:
 8188 NW 5 ST
 Address:
 10120 VANDERBILT DRIVE

City-St-Zip: CORAL SPRINGS, FL 33071 City-St-Zip: NAPLES, FL 34108

 $\label{eq:title:Title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf (X) \ Delete} \qquad {\sf Title:} \qquad {\sf (\) \ Change \ (\) \ Addition}$

 Name:
 STONE, LAWRENCE H JR
 Name:

 Address:
 P.O. BOX 601
 Address:

 City-St-Zip:
 EVERGLADES CITY, FL 34139
 City-St-Zip:

Title: ST () Delete Title: ST (X) Change () Addition

 Name:
 STONE, ROBERTA
 Name:
 STONE, ROBERTA

 Address:
 P.O. BOX 601
 Address:
 10120 VANDERBILT DR

 City-St-Zip:
 EVERGLADES, FL 34139
 City-St-Zip:
 NAPLES, FL 34108

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERTA STONE ST 04/29/2005