PO4000033828

(Requestor's Name)					
(Address)					
(Address)					
((ddisss)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Endly Name)					
(Document Number)					
Certified Copies Certificates of Status					
Consideration to Ellino Office					
Special Instructions to Filing Officer:					

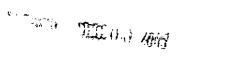
Office Use Only



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12/01/05--01029--007 **35.00







COVER LETTER

TO: Amendment Section Division of Corporations
SUBJECT: Wave Electronics, Inc.
(Name of Corporation)
DOCUMENT NUMBER: P04000033828
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert Oliver
(Name of Person)
Wave Electronics, Inc
(Name of Firm/Company)
1408 SE 17th Ave, Suite B
(Address)
Cape Coral, FI 33990
(City/State and Zip Code)
For further information concerning this matter, please call:
Robert Oliver at (239) 458-0665 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for \$35.00 made payable to the Florida Department of State.
Street Address: Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 Mailing Address: Amendment Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

ι. Ν	lichael J Keller	hereby resign as President			
.,			Title)		•
of\	Vave Electronics, Inc				<u> </u>
		(Name of Corporation)			
P04	(Document Number, if known)	, a corporation organized under the laws of the	ie State	e of	
Flori	da		·		
	A.	(Signature of resigning officer/director)			
		[SECRETARY O	05 DEC -1	FILED
		FILING FEE IS \$35.00	FLORIDA	MH: 03	
	Make checks pay	vable to Florida Department of State and mail to		ယ	

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314