

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000041878

Entity Name: WAVESPRING TECHNOLOGIES, INC.

FILED
May 30, 2008
Secretary of State

Current Principal Place of Business:

33003 KARL COURT
LEESBURG, FL 34788

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 895250
LEESBURG, FL 347895250

New Mailing Address:

FEI Number: 59-3520962

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASP, MARCY
33003 KARL COURT
LEESBURG, FL 34788 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CASP, JUSTIN
Address: 6814 NW 52ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: CASP, COURTNEY
Address: 6814 NW 52ND TERRACE
City-St-Zip: GAINESVILLE, FL 32653

Title: D () Delete
Name: CASP, NATALIE
Address: 1065 REMINGTON AVE
City-St-Zip: EUSTIS, FL 32572

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: CASP, JUSTIN
Address: 4124 NORBECK RD
City-St-Zip: ROCKVILLE, MD 20853

Title: D (X) Change () Addition
Name: CASP, COURTNEY
Address: 4124 NORBECK RD
City-St-Zip: ROCKVILLE, MD 20853

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: JUSTIN CASP

D

05/30/2008

Electronic Signature of Signing Officer or Director

Date