

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90082 026 ***150.00

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| DOCUMENT # P04000162383 |  |
| 1. Entity Name SHOCKWAVE ENTERPRISES, INC. | |


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| Principal Place of Business 280 MULLETT DR SUITE 142 CAPE CANAVERAL, FL 32920 | Mailing Address 280 MULLETT DR SUITE 142 CAPE CANAVERAL, FL 32920 |
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|---|---|
| 2. Principal Place of Business - No P.O. Box # 215 SPRUCE AVE | 3. Mailing Address 215 SPRUCE AVE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

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|---------------------------------------|---------------------------------------|
| City & State MERRITT ISL FL | City & State MERRITT ISL FL |
| Zip 32953 | Country USA |

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|--|--|
| 6. Name and Address of Current Registered Agent SWARTHOUT, DENNIS 215 SPRUCE AVE MERRITT ISLAND, FL FL | |
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40003100



03142007 Chg-P CR2E034 (12/06)

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| 4. FEI Number 20-2045230 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | 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 *Dennis Swarthout* DATE 4-5-07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | DIR SWARTHOUT, DENNIS 215 SPRUCE AVE MERRITT ISLAND, FL 32953 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 like empowered.

SIGNATURE: *Dennis Swarthout* Date 4-5-07 Daytime Phone # 321-302-6537

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR