2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000122533

Entity Name: THIRD WAVE INTERNATIONAL, INC.

FILED May 01, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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318 INDIAN TRACE #706 855 MAIN ST - 7TH FL

WESTON, FL 33326 US ADVANTAGE-DAVID SUPPLE BRIDGEPORT, CT 06604 US

Current Mailing Address: New Mailing Address:

66 WILSON AVE 855 MAIN ST - 7TH FL

ATTN: DAVID SUPPLE C\O-ADVANTAGE - DAVID SUPPLE ROWAYTON, CT 06853 US BRIDGEPORT, CT 06604 US

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 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:

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:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: O/D () Delete Title: O/D (X) Change () Addition

 Name:
 KAUFMAN, RICHARD N
 Name:
 KAUFMAN, RICHARD N

 Address:
 926 MARINA DRIVE
 Address:
 318 INDIAN TRACE #706

 City-St-Zip:
 WESTON, FL 33327 US
 City-St-Zip:
 WESTON, FL 33326 US

Title: O/D () Delete Title: O/D (X) Change () Addition

Name: SUPPLE, DAVID R Name: SUPPLE, DAVID R

 Address:
 66 WILSON AVE
 Address:
 855 MAIN ST - ADVANTAGE-7TH FL

 City-St-Zip:
 ROWAYTON, CT 06853 US
 City-St-Zip:
 BRIDGEPORT, CT 06604 US

Title: O/D () Delete Title: () Change () Addition

 Name:
 JOCHEN, ESQUILANT
 Name:

 Address:
 11 CHURCHILL AVENUE, SUITE 1100
 Address:

 City-St-Zip:
 WESTMOUNT, QUEBEC, QB H3Y 2Z8 CN
 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: DAVID R SUPPLE O/D 05/01/2009