

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90182 027 ***158.75

DOCUMENT # P05000137973

1. Entity Name
HOUSE WAVES INC.



Principal Place of Business
**217 BENT ARROW DR.
DESTIN, FL 32541**

Mailing Address
**217 BENT ARROW DR.
DESTIN, FL 32541**

2. Principal Place of Business - No P.O. Box #
15449 Plantation Oak

3. Mailing Address
15449 Plantation Oak

Suite, Apt. #, etc.
Driv #15

Suite, Apt. #, etc.
Driv #15

City & State
TAMPA FL

City & State
TAMPA

Zip
33647

Country

Zip
33647

Country

01032007 Chg-P CR2E034 (12/06)

4. FEI Number
59-3819704

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**D'ADDARIO, MICHAEL S
217 BENT ARROW DR.
DESTIN, FL 32541**

7. Name and Address of New Registered Agent

Name **Owen, Harris Adam**

Street Address (P.O. Box Number is Not Acceptable)

15449 Plantation Oak Driv Apt #15

City **TAMPA**

FL

Zip Code
33647

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reissuing)

1-3-07

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☒ Delete
NAME **D'ADDARIO, MICHAEL S**
STREET ADDRESS **217 BENT ARROW DR.**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE **President** ☐ Delete
NAME **OWEN, HARRIS A**
STREET ADDRESS **217 BENT ARROW DR.**
CITY-ST-ZIP **DESTIN, FL 32541**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **Owen, Harris Adam** ☒ Change ☐ Addition
NAME **President**
STREET ADDRESS **15449 Plantation Oak Driv Apt #15**
CITY-ST-ZIP **Tampa, FL 33647**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-3-07

Date

850-598-3474
Daytime Phone #