2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000138685

Entity Name: DELPHICWAVE INC.

FILED Apr 23, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2900 NE 30TH STREET 2732 NE 32ND STREET

#10E

FT LAUDERDALE, FL 33306 FT LAUDERDALE, FL 33306

Current Mailing Address: New Mailing Address:

2900 NE 30TH STREET 2732 NE 32ND STREET

FEI Number: 20-3618783 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

MARIAST, PAMELA ANN
2900 NE 30TH STREET
#10E

MARIAST, PAMELA ANN
2732 NE 32ND STREET
#1

FT LAUDERDALE, FL 33306 US FT LAUDERDALE, FL 33306 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: PAMELA A MARIAST 04/23/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTSD () Delete Title: PTSD (X) Change () Addition

 Name:
 MARIAST, PAMELA ANN
 Name:
 MARIAST, PAMELA ANN

 Address:
 2900 NE 30TH STREET #10E
 Address:
 2732 NE 32ND STREET #1

 City-St-Zip:
 FT LAUDERDALE, FL 33306
 City-St-Zip:
 FT LAUDERDALE, FL 33306

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: PAMELA A MARIAST PTSD 04/23/2009