

2007 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P05000146441

Entity Name: WAVE SERVICES, INC.

FILED
Jul 27, 2007
Secretary of State

Current Principal Place of Business:

6302 PAUL BUCKMAN HWY
PLANT CITY, FL 33565

New Principal Place of Business:

2101 CANDIS DR.
PLANT CITY, FL 33565

Current Mailing Address:

PO BOX 311855
TAMPA, FL 33680

New Mailing Address:

2101 CANDIS DR.
PLANT CITY, FL 33565

FEI Number: 20-3715940

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCLEGGAN, LLOYD A
6302 PAUL BUCKMAN HWY
PLANT CITY, FL 33565 US

Name and Address of New Registered Agent:

MCLEGGAN, LLOYD A
2101 CANDIS DR.
PLANT CITY, FL 33565 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: LLOYD A. MCLEGGAN

07/27/2007

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: DPS () Delete
Name: MCLEGGAN, LLOYD A
Address: 6302 PAUL BUCKMAN HWY
City-St-Zip: PLANT CITY, FL 33565

Title: DVPT () Delete
Name: MCLEGGAN, CYNTHIA L
Address: 6302 PAUL BUCKMAN HWY
City-St-Zip: PLANT CITY, FL 33565

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPS (X) Change () Addition
Name: MCLEGGAN, LLOYD A
Address: 2101 CANDIS DR.
City-St-Zip: PLANT CITY, FL 33565

Title: DVPT (X) Change () Addition
Name: MCLEGGAN, CYNTHIA L
Address: 2101 CANDIS DR.
City-St-Zip: PLANT CITY, FL 33565

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: LLOYD A. MCLEGGAN

DPS

07/27/2007

Electronic Signature of Signing Officer or Director

Date