

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000011675

1. Entity Name
NEW WAVE UNDERGROUND CONSTRUCTION INC



Principal Place of Business

7221 BROMLEY DR
NEW PORT RICHEY, FL 34653 US

Mailing Address

7221 BROMLEY DR
NEW PORT RICHEY, FL 34653 US

**FILED
Jan 17, 2008 08:00 AM
Secretary of State**



01142008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-4204280	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DINNELL, ARLINE
7221 BROMLEY DR
NEW PORT RICHEY, FL 34653

**DO NOT WRITE
IN THIS SPACE**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. \$5.00 May Be
Added to Fees

000000787969
01/18/08-80020-020 158.76

10. OFFICERS AND DIRECTORS

TITLE P

NAME DINNELL, ARLINE
STREET ADDRESS 7221 BROMLEY DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE VP

NAME DINNELL, TOMMY
STREET ADDRESS 7221 BROMLEY DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE S

NAME DINNELL, CHAD
STREET ADDRESS 7221 BROMLEY DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE T

NAME DINNELL, DANNY
STREET ADDRESS 7221 BROMLEY DR
CITY-ST-ZIP NEW PORT RICHEY, FL 34653

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: *Arline Dinnell Arline Dinnell 1-14-08 727-848-1001*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #