


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2007 8:00 am
Secretary of State

08-29-2007 90002 011 ***150.00

| | |
|--|---|
| DOCUMENT # P06000111151 |  |
| 1. Entity Name WAVE GUIDE TECHNOLOGIES, INC. | |

| | |
|---|---|
| Principal Place of Business 14476 DUVAL PLACE W. UNIT #601 JACKSONVILLE, FL 32218 | Mailing Address 14476 DUVAL PLACE W. UNIT #601 JACKSONVILLE, FL 32218 |
|---|---|

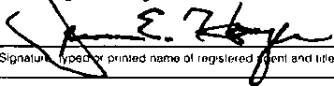
| | | | |
|--|---------|---------------------|---------|
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

08202007 Chg-P CR2E034 (12/06)

| | |
|------------------------------------|--|
| 4. FEI Number 14-1959454 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|


| | |
|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
|---|---------------------------------------|

| | |
|---|---|
| 6. Name and Address of Current Registered Agent GRUBB, DENNIS A 1420 VANTAGE WAY SOUTH SUITE # 108 JACKSONVILLE, FL 32218 | 7. Name and Address of New Registered Agent Name HAYES, DENNIS E. Street Address (P.O. Box Number is Not Acceptable) 2320 THE WOODS DRIVE WEST City JACKSONVILLE FL Zip Code 32246 |
|---|---|

| | |
|---|---------------------|
| 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  | DATE 8/22/07 |

| | | | |
|--|---|------------------------------------|--|
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |
|--|---|------------------------------------|--|

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P DIKUNOVA, EMILIA 86599 MEADOWWOOD DRIVE YULEE, FL 32097 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | VP GRUBB, DENNIS A 86599 MEADOWWOOD DRIVE YULEE, FL 32097 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

| | | | |
|--|-----------------------------|-----------------------|-------------------------------------|
| 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:  | Dennis A. Grubb V.P. | DATE 8-22-2007 | DAYTIME PHONE # 904-241-3533 |