2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000115818

Entity Name: FULL WAVE SOUND STUDIOS, INC.

FILED Mar 24, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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430 PATRICIA AVENUE DUNEDIN, FL 34698 US

Current Mailing Address: New Mailing Address:

8330 DUVAL DRIVE 430 PATRICIA AVENUE PORT RICHEY, FL 34668 US DUNEDIN, FL 34698 US

FEI Number: 20-5505294 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:

SCHOB, DEBORAH

1631 REGAL MIST LOOP

TRINITY, FL 34655 US

BROOKS, THOMAS

430 PATRICA AVENUE
DUNEDIN, FL 34698 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: THOMAS BROOKS 03/24/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: D (X) Change () Addition Name: SCHOB, COREY M Name: BROOKS, THOMAS

 Name:
 SCHOB, COREY M
 Name:
 BROOKS, THOMAS

 Address:
 8330 DUVAL DRIVE
 Address:
 430 PATRICIA AVENUE

 City-St-Zip:
 PORT RICHEY, FL 34668
 City-St-Zip:
 DUNEDIN, FL 34698

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

 Name:
 SCHOB, LINDSEY
 Name:

 Address:
 8330 DUVAL DRIVE
 Address:

 City-St-Zip:
 PORT RICHEY, FL 34668
 City-St-Zip:

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

 Name:
 BROOKS, THOMAS P
 Name:

 Address:
 430 PATRICIA AVENUE
 Address:

 City-St-Zip:
 DUNEDIN, FL 34698 US
 City-St-Zip:

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: THOMAS BROOKS D 03/24/2009