## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Feb 21, 2008 8:00 am Secretary of State

| DOCUMENT # P07000110385  1. Entity Name BLUEWAVE PLASTIC'S INC.   |   |  |   |   | 02-21-2008 90015 019 ***150.00 |                        |  |                             |                              |
|---|---|--|---|---|--------------------------------|------------------------|--|-----------------------------|------------------------------|
| Principal Place   | e of Business   | Mailing Address                        |   |   |                                |                        |  |                             |                              |
| 2314 PATTO<br>ROCKLEDGE,  | N LANE  | 2314 PATTON LANE<br>ROCKLEDGE; FL 3295 | 55  |   |                                |                        |  | vings)                      |                              |
|   |   |  |   |   |                                | ENTI MENT WENT BOTH AN | <b>19</b> 1    <b>118</b> 1    1 <b>1</b> 81    1 <b>2</b> 1   |                             | 111 II ISBI                  |
| 2. Principal P  | lace of Business - No P.O. Box #  | 3. Mailing Address                     |   |   |                                |                        |  |                             |                              |
| Suite, Apt.   | #, elc.   | Suite, Apt. #, etc.                    |   |   | 02062008                       | Chg-P                  | CR2E0  | 34 (12/06)                  |                              |
| City & State  |   | City & State                           |   |   | 4. FEI Number                  | 119262                 | 86   |                             | plied For<br>Applicable      |
| Zip   | Country   | Zip                                    | Coun  | ntry  | 1                              | of Status Desired      | רח   | \$8.75 Addi<br>Fee Required |                              |
|   | 6. Name and Address of Current  | Registered Agent                       |   |   | 7. Name and                    | Address of New R       | Registered A   | Agent                       |                              |
|   | <b></b>   |  |   | Name  |                                |                        |  |                             |                              |
| -NAVE, MARK   |   |  |   | Street Address (P.O. Box Number is Not Acceptable)  |                                |                        |  |                             |                              |
|   |   |  |   | City  |                                |                        | FL   | Zip Code                    |                              |
|   | named entity submits this statement for ions of registered agent.                   | the purpose of changing its            | s register  | ed office or register   | ed agent, or both              | n, in the State of Flo | orida. I am  | familiar with, a            | and accept                   |
| SIGNATURE_  | Signature, typed or printed name of registered agont it                             | nd title if applicable. (NO)           | rE: Aegistere   | d Agent signature required  | when reinstating)              |                        | OATE   |                             |                              |
|   |   |  |   |   |                                |                        |  | <del></del>                 |                              |
| FIL<br>After Ma   | E NOW!!! FEE IS \$150.00<br>ay 1, 2008 Fee will be \$550.0                          | 9. Election Campa<br>Trust Fund Con    |   | , man   | 00 May Be ed to Fees           | 1.4                    |  | t 4                         | , ii                         |
|   | OFFICERS AND  | DIRECTORS                              | 11.   |   | ADDITIONS/0                    | CHANGES TO OFF         | ICERS AND  | DIRECTORS                   | IN 11                        |
| TITLE   | PD  | ☐ Delete                               | TITU  | E   |                                |                        |  | Change                      | Addition                     |
| NAME :  | NAVE, MARK  |  | NAM   | - 1   |                                |                        |  |                             | -                            |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1855 TIMBERS WEST BLVD.   |  | STRE  | EET ADDRESS   |                                |                        |  |                             | Į                            |
|   | ROCKLEDGE, FL 32955   |  | CITY  | r-St-ZIP  |                                |                        |  |                             |                              |
| TITLE   | ROCKLEDGE, FL 32955   | ☐ Delete                               | CITY  |   |                                |                        |  | ☐ Change                    | Addition                     |
| NAME  | ROCKLEDGE, FL 32955   | ☐ Delete                               | , TITLI<br>NAM  | E<br>AE   |                                |                        |  | ☐ Change                    | Addition                     |
| NAME<br>STREET ADDRESS  | ROCKLEDGE, FL 32955   | ☐ Defete                               | , TITLI<br>NAM<br>STRE  | E<br>AE<br>EET ADDRESS  |                                |                        |  | ☐ Change                    | Addition                     |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | ROCKLEDGE, FL 32955   |  | NAM<br>STRE<br>CITY   | E  ME  EET ADDRESS  (-ST-ZIP  |                                |                        |  |                             |                              |
| NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br>TITLE  | ROCKLEDGE, FL 32955   | ☐ Delete                               | TITU  | E  AE  EET ADDRESS  (-ST-ZIP  E   |                                |                        |  | ☐ Change                    | Addition  Addition           |
| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME  | ROCKLEDGE, FL 32955   |  | TITLI NAM STRE CITY TITLI NAM   | E AE EET ADDRESS (-ST-ZIP E   |                                |                        |  |                             |                              |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE   | ROCKLEDGE, FL 32955   | ☐ Delete                               | TITLL NAM STREE CITY TITLL NAM STRE CITY FITLL NAM  | E AE EET ADDRESS (-ST-ZIP E AE EET ADDRESS (-ST-ZIP E   | Alexander                      |                        |  | ☐ Change                    | ☐ Addition                   |
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| NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | certify that the information supplied with on this report or supplemental report is | Delete Delete Delete                   | TITLL NAM STRE CITY TITL NAM STRE CITY | E AE EET ADDRESS (-ST-ZIP | Ho Charles 140                 | Elocido Clatera        | Lingthon   | Change Change               | Addition  Addition  Addition |

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: Mara pur

SIGNATURE AND TYPET OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR