

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000022733

FILED
Jan 27, 2005
Secretary of State

Entity Name: NUWAVE INVESTMENT CORP.

Current Principal Place of Business:

1099 MT KEMBLE AVE
3RD FLOOR
MORRISTOWN, NJ 07960 US

New Principal Place of Business:

Current Mailing Address:

1099 MT KEMBLE AVE
3RD FLOOR
MORRISTOWN, NJ 07960 US

New Mailing Address:

FEI Number: 65-0397274 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JUSTICE, MARLLYN
635 17TH ST
VERO BEACH, FL 32960 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BUCKNER, TROY W
Address: 19 HOWELL STREET
City-St-Zip: WHIPPANY, NJ 07981 US

Title: T () Delete
Name: BUCKNER, GLADYS
Address: 19 HOWELL STREET
City-St-Zip: WHIPPANY, NJ 07981 US

Title: S () Delete
Name: RYAN, JOHN S
Address: 1262 MT. AIRY ROAD
City-St-Zip: BASKING RIDGE, NJ 07920 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BUCKNER, TROY W
Address: 205 DEERLEA LANE
City-St-Zip: BOONTON, NJ 07005 US

Title: T (X) Change () Addition
Name: BUCKNER, GLADYS
Address: 205 DEERLEA LANE
City-St-Zip: BOONTON, NJ 07005 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: TROY BUCKNER

PD

01/27/2005

Electronic Signature of Signing Officer or Director

Date