


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90195 004 \*\*\*158.75

**DOCUMENT # P95000019959**  
 1. Entity Name  
 WAVES OF THE FUTURE, INC.



Principal Place of Business  
 1133 4TH STREET  
 SUITE 200  
 SARASOTA, FL 34236 US

Mailing Address  
 PO BOX 3315  
 SARASOTA, FL 34230 US

40063392



2. Principal Place of Business  
 5436 FRUITVILLE ROAD  
 Suite, Apt. #, etc.  
 PMB 113

3. Mailing Address  
 Suite, Apt. #, etc.

City & State  
 SARASOTA, FL

City & State

Zip  
 34232

Country  
 SARASOTA

Zip  
 Country

04232006 Chg-P CR2E034 (11/05)

4. FEI Number  
 65-0561971

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
 VOIGT, STEPHEN F PA  
 2414 BEE RIDGE ROAD  
 SARASOTA, FL 34239

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT SPAHN, DAVID 7521 PRESERVES COURT SARASOTA, FL 34243 <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	VPS SPAHN, JANICE E 7521 PRESERVES COURT SARASOTA, FL 34243 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 7521 PRESERVES CT
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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 an attachment with an address, with all other like empowered.

SIGNATURE: David Spahn **DAVID SPAHN** 04-23-2006 941/360-6822  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #