


2007 AMENDED
FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # P96000035689	
1. Entity Name TIDALWAVE HOLDINGS, INC.	

FILED

07 OCT -2 PM 5:07

DO NOT WRITE IN THIS SPACE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
500110180795
10/02/07--01035--009 **\$1.25

CR2E034B (8/05)

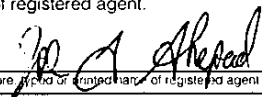
2. Principal Place of Business 360 Main Street Suite, Apt. #, etc. P.O. Box 393 City & State Washington, VA Zip 22747 Country USA		3. Mailing Address 360 Main Street Suite, Apt. #, etc. P.O. Box 393 City & State Washington, VA Zip 22747 Country USA		4. FEI Number 6500693777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name JONATHAN L. SHEPARD
Street Address (P.O. Box Number is Not Acceptable) 5355 Town Center Road #801
City Boca Raton FL Zip Code 33486

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 Sept. 25, 2007

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended AR is \$61.25

Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/S/T/D Joseph J. Meuse 360 Main Street P.O. Box 393 Washington, VA 22747	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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12. I hereby certify that the information supplied with this filing does not qualify 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 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 on an attachment with an address, with all other, be empowered.

SIGNATURE:  , Joseph J. Meuse 9/26/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #