


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

01-31-2008 90017 050 \*\*\*150.00

**DOCUMENT # P98000093692**

1. Entity Name  
**WAVENET TECHNOLOGIES, INC.**



Principal Place of Business  
**743 HIGHWAY 98 EAST  
 SUITE 3  
 DESTIN, FL 32541 US**

Mailing Address  
**PO BOX 4416  
 FORT WALTON BEACH, FL 32549 US**

**66004765**

2. Principal Place of Business - No P.O. Box #  
**106 E. Gregory Street**

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

City & State  
**Pensacola, FL**

City & State  
 City Country

Zip  
**32502**



01112008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**CATANESE, MIKE  
 10 SOUTHWIND COURT  
 NICEVILLE, FL 32578**

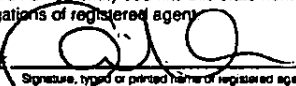
7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

4. FEI Number  
**59-3545723**

Applied For  
 Not Applicable

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

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:  DATE: **1/25/08**


Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00**

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	<b>D</b> <b>CATANESE, MIKE</b> <b>10 SOUTHWIND COURT</b> <b>NICEVILLE, FL 32578</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **MIKE CATANESE Treasurer** 3/14/08 8502590228

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #