

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 25, 2005 8:00 am**  
**Secretary of State**

04-25-2005 90228 033 \*\*\*150.00

**DOCUMENT # P99000054341**

1. Entity Name  
**BLUE WAVE DESIGN, INC.**



Principal Place of Business      Mailing Address

11911 U.S. HWY. ONE  
 SUITE 205  
 NORTH PALM BEACH FL 33408

11911 U.S. HWY. ONE  
 SUITE 205  
 NORTH PALM BEACH FL 33408

2. Principal Place of Business      3. Mailing Address

**824 US Hwy One**      **824 US Hwy One**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**# 345**      **# 345**

City & State      City & State

**North Palm Beach, FL**      **North Palm Beach, FL**

Zip      Country      Zip      Country

**33408**      **USA**      **33408**      **USA**



1st MOORE      CR2E034 (10/04)

4. FEI Number      Applied For

**65-0928328**       Not Applicable

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

6. Name and Address of Current Registered Agent

**MCKEEL, JOSEPH A CPA**  
 11911 U.S. HWY. ONE, STE. 201  
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)  
**122 North County Road**

City      State      Zip

**Palm Beach**      **FL**      **33480**

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 \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing      **\$5.00** May Be

Trust Fund Contribution.       **Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>WILKINS, EILEEN M</b>	
STREET ADDRESS	<b>11911 U.S. HWY. ONE</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE	<b>V</b>	<input type="checkbox"/> Delete
NAME	<b>O'BRIEN, SHANE</b>	
STREET ADDRESS	<b>11911 U.S. HWY. ONE</b>	
CITY-ST-ZIP	<b>NORTH PALM BEACH FL 33408</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>824 US Hwy one, ste. 345</b>	
CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>824 U.S. Hwy one, ste. 345</b>	
CITY-ST-ZIP	<b>North Palm Beach, FL 33408</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Eileen M. Wilkins*      **Eileen M. Wilkins**      4/20/05      561-77591607

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