


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90222 027 ***150.00

DOCUMENT # S08837 1. Entity Name WAVE TECHNOLOGY, INC.					
Principal Place of Business 2036 GUAVA DR EDGEWATER, FL 32141 US			Mailing Address 1816 BEACON ST NEW SMYRNA BEACH, FL 32169 US		
2. Principal Place of Business 2056 GUAVADRNE Suite, Apt. #, etc.		3. Mailing Address 2056 GUAVADR Suite, Apt. #, etc.			
City & State EDGEWATER FL Zip 32141		City & State EDGEWATER FL Zip 32141			
Country FLORIDA		Country FLORIDA			
6. Name and Address of Current Registered Agent BAILEY & TRUMBO, P.A. 340 NORTH CAUSEWAY NEW SMYRNA BEACH, FL 32169			7. Name and Address of New Registered Agent RONALD CUTLER 1172 PELICAN BAY DRIVE DAYTONA BEACH FL 32119		
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: <u><i>Ronald Cutler</i></u> 4.24.06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <small>DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P GEISELMAN, GREG 1816 BEACON ST NEW SMYRNA-BCH, FL 32169		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GEISELMAN REGINA L. 1816 BEACON ST NEW SMYRNA BCH, FL 32169		<input checked="" type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: <u><i>Greg Geselman</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4.24.06 386-423-0009 <small>Date Daytime Phone #</small>		