
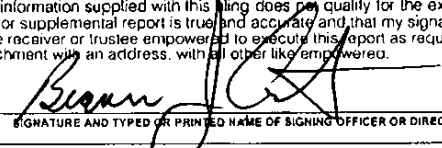


FILED
Apr 23, 2008 8:00 am
Secretary of State

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

04-23-2008 90040 009 ***150.00

DOCUMENT # F06000005648 1. Entity Name XWAVE NEW ENGLAND CORP.		
Principal Place of Business 151 CAPITOL STREET STE 1 AUGUSTA, ME 04332		Mailing Address PO BOX 495 AUGUSTA, ME 04332
2. Principal Place of Business - No P.O. Box # 151 CAPITOL STREET	3. Mailing Address ONE PORTLAND SQUARE	
Suite, Apt. #, etc. SUITE 1	Suite, Apt. #, etc. P.O. BOX 586	
City & State AUGUSTA, ME	City & State PORTLAND, ME	
Zip 04330	Country USA	4. FEI Number 01-0449686
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S PINE ISLAND RD PLANTATION, FL 33324		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 re-registering) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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 CEOP <input checked="" type="checkbox"/> Delete	NAME KENT, PAUL	TITLE CEOPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 6 S MARITIME CENTRE 1505 BARRINGTON ST	CITY-ST-ZIP HALIFAX, NS. 83j 2w3	NAME RATHBUN, DAVID
TITLE VD <input type="checkbox"/> Delete	NAME CARTER, BRANNON J	STREET ADDRESS 6 SOUTH MARITIME CENTRE, 1505 BARRINGTON STREET
STREET ADDRESS 151 CAPITOL STREET STE 1	CITY-ST-ZIP AUGUSTA, ME 04332	CITY-ST-ZIP HALIFAX, NS B3J 2W3
TITLE D <input checked="" type="checkbox"/> Delete	NAME MCKINNON, ELAINE	TITLE VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 30 BROADVIEW AVE	CITY-ST-ZIP SAINT JOHN, NB E2L 1Z4.	NAME CARTER, BRANNON J.
TITLE S <input type="checkbox"/> Delete	NAME FITZPATRICK, PAUL	STREET ADDRESS 151 CAPITOL STREET, BOX 495
STREET ADDRESS 10 FACTORY LN BOX 2110	CITY-ST-ZIP SAINT JOHNS, NF A1C 5H6.	CITY-ST-ZIP AUGUSTA, ME 04332
TITLE T <input type="checkbox"/> Delete	NAME MARSHALL, ELEANOR	TITLE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS BRUNSWICK SQUARE, 18TH FLOOR	CITY-ST-ZIP SINT JOHN, NB E2L 4L4.	NAME PENDERGAST, ALLAN
TITLE CFO <input type="checkbox"/> Delete	NAME LE BLANC, GLEN	STREET ADDRESS 555 MAPLETON ROAD
STREET ADDRESS 6 S MARITIME CTRE 1505 BARRINGTON ST	CITY-ST-ZIP HALIFAX, NS. b3j 2w3	CITY-ST-ZIP MONCTON, NB E1G 2K5
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: 		April 17, 2008 207.622.9772
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>